2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 18, 2009
Secretary of State

DOCUMENT# L05000038079

Entity Name: ORTHOPEDIC INSTITUTE OF SOUTH FLORIDA, L.L.C.

Current Principal Place of Business:

EXECUTIVE OFFICES
6200 S.W. 73RD STREET
MIAMI, FL 33143

New Principal Place of Business:

EXECUTIVE OFFICES
6200 SW 73RD STREET
MIAMI, FL 33143

Current Mailing Address:

EXECUTIVE OFFICES
6200 S.W. 73RD STREET
MIAMI, FL 33143

New Mailing Address:

EXECUTIVE OFFICES
6200 SW 73RD STREET
MIAMI, FL 33143

FEI Number: 81-0669793 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FRIEDMAN, DAVID R ESQ.
6855 RED ROAD, SUITE 600
CORAL GABLES, FL 33143 US

Name and Address of New Registered Agent:

FRIEDMAN, DAVID R ESQ.
6855 RED ROAD
SUITE 600
CORAL GABLES, FL 33143 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: 02/18/2009
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: DOCTORS HOSPITAL, IN, C.
Address: 6200 SW 73RD STREET
City-St-Zip: MIAMI, FL 33143

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: LINCOLN MENDEZ CEO 02/18/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date