2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2007
Secretary of State

DOCUMENT# L05000042088

Entity Name: ORTHOPEDIC INSTITUTE OF SOUTH FLORIDA -- DADE, LLC

Current Principal Place of Business:

2901 S.W. 149 AVENUE
SUITE 140
MIRAMAR, FL 33027

New Principal Place of Business:

Current Mailing Address:

2901 S.W. 149 AVENUE
SUITE 140
MIRAMAR, FL 33027

New Mailing Address:

FEI Number: 20-2753688 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MATZA, ROCHELLE S
2901 S.W. 149 AVENUE
SUITE 140
MIRAMAR, FL 33027 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: GLASS, GERALD G
Address: 3970 MARTIN COURT
City-St-Zip: WESTON, FL 33331

Title: MGR ( ) Delete
Name: ZIMMERMAN, PAUL M
Address: 325 EAST SAN MARINO DRIVE
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES:

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: ROCHELLE S. MATZA CFO 04/24/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date