2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2010
Secretary of State

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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:

2901 S.W. 149 AVENUE
SUITE 400
MIRAMAR, FL 33027

Current Mailing Address:

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

New Mailing Address:

2901 S.W. 149 AVENUE
SUITE 400
MIRAMAR, FL 33027

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:

MATZA, ROCHELLE S
2901 S.W. 149 AVENUE
SUITE 400
MIRAMAR, FL 33027 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: _____ 04/29/2010
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: GLASS, GERALD G
Address: 3480 DERBY LANE
City-St-Zip: WESTON, FL 33331

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

I hereby 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 Statues.

SIGNATURE: ROCHELLE S. MATZA RA 04/29/2010
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date