

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000096175

FILED  
Jul 31, 2006  
Secretary of State

**Entity Name:** SPORTS MEDICINE INTERNATIONAL OF MIAMI, LLC

**Current Principal Place of Business:**

14329 KENDALE LAKES CIRCLE  
MIAMI, FL 33183

**New Principal Place of Business:**

**Current Mailing Address:**

14329 KENDALE LAKES CIRCLE  
MIAMI, FL 33183

**New Mailing Address:**

FEI Number: 20-3572226      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

GARCIA, ELSA  
1391 EAST SANDPIPER CIRCLE  
PEMBROKE PINES, FL 33026 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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MISS ( ) Change (X) Addition  
Name: GARCIA, GRIZELLE  
Address: 14329 KENDALE LAKES CIRCLE  
City-St-Zip: MIAMI, FL 33183 US

Title: MRS. ( ) Change (X) Addition  
Name: GARCIA, ELSA I  
Address: 1391 E. SANDPIPER CIRCLE  
City-St-Zip: PEMBROKE PINES, FL 33026 US

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: GRIZELLE GARCIA

MISS

07/31/2006

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