2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 12, 2007
Secretary of State

DOCUMENT# L06000036780

Entity Name: VALDOSTA ORTHOPAEDIC ASSOCIATES, LLC

Current Principal Place of Business:

PO BOX 2377
TAMPA, FL 33601 US

New Principal Place of Business:

3520 NORTH CROSSING CIRCLE
VALDOSTA, GA 31602 US

Current Mailing Address:

PO BOX 2377
TAMPA, FL 33601 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHRISTENBERRY, THOMAS T III
710 WEST BAY STREET
B
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

CORE MEDICAL, LLC
710 WEST BAY STREET
B
TAMPA, FL 33606 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: THOMAS CHRISTENBERRY 03/12/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: CORE MEDICAL, LLC,
Address: PO BOX 2377
City-St-Zip: TAMPA, FL 33601 US

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 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: MELISSA TROXEL MGR 03/12/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date