2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# L06000069089

Entity Name: ADVANCED ORTHOPAEDICS OF SOUTH FLORIDA II, LLC

Current Principal Place of Business:

1030 NORTH ORANGE AVE., SUITE 105
ORLANDO, FL 32801

New Principal Place of Business:

Current Mailing Address:

1030 NORTH ORANGE AVE., SUITE 105
ORLANDO, FL 32801

New Mailing Address:

FEI Number: 20-1296074 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MEYER, ALBERT R
1030 NORTH ORANGE AVE., SUITE 105
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

WILLIAMS, AREN A
1030 NORTH ORANGE AVE., SUITE 105
ORLANDO, FL 32801 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: AREN WILLIAMS 04/30/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: PAINCARE ACQUISITION, CO. XVI, INC.
Address: 1030 N. ORANGE AVENUE, SUITE 105
City-St-Zip: ORLANDO, FL 32801

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: AREN WILLIAMS RA 04/30/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date