2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 20, 2009
Secretary of State

DOCUMENT# L06000069768

Entity Name: CARPAL DOCTORS, LLC

Current Principal Place of Business:

701 BRICKELL AVENUE
STE. 1550
MIAMI, FL 33131 US

New Principal Place of Business:

Current Mailing Address:

2333 BRICKELL AVENUE
#TS-D
MIAMI, FL 33129 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

SAUERBERG, ERIC M
200 VILLAGE SQUARE CROSSING
SUITE 102
PALM BEACH GARDENS, FL 33410 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: PORRATA, ALEJANDRO MD
Address: 701 BRICKELL AVENUE, STE. 1550
City-St-Zip: MIAMI, FL 33131 US

Title: MGR ( ) Delete
Name: PORRATA, HUMBERTO L MD
Address: 701 BRICKELL AVENUE, STE. 1550
City-St-Zip: MIAMI, FL 33129 US

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 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: ALEJANDRO PORRATA DR 03/20/2009

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