

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000112455

FILED  
Apr 10, 2008  
Secretary of State

**Entity Name:** COLLIER REGIONAL ORTHOPAEDIC SURGERY, LLC

**Current Principal Place of Business:**

973 NORTH COLLIER BLVD.  
MARCO ISLAND, FL 34145

**New Principal Place of Business:**

950 NORTH COLLIER BLVD.  
STE 304  
MARCO ISLAND, FL 34145

**Current Mailing Address:**

973 NORTH COLLIER BLVD.  
MARCO ISLAND, FL 34145

**New Mailing Address:**

950 NORTH COLLIER BLVD.  
STE 304  
MARCO ISLAND, FL 34145

FEI Number: 20-5923792

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

BALAZSY, CAROL  
973 NORTH COLLIER BLVD.  
MARCO ISLAND, FL 34145 US

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

BALAZSY, CAROL  
950 NORTH COLLIER BLVD.  
STE 304  
MARCO ISLAND, FL 34145 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:

04/10/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BALAZSY, JEFFERY  
Address: 973 NORTH COLLIER BLVD.  
City-St-Zip: MARCO ISLAND, FL 34145

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: BALAZSY, JEFFERY  
Address: 950 N. COLLIER BLVD., STE 304  
City-St-Zip: MARCO ISLAND, FL 34145

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: JEFFERY BALAZSY

MGRM

04/10/2008

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