2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 18, 2008
Secretary of State

DOCUMENT# L07000017304

Entity Name: SPORTS MEDICINE & PHYSICAL THERAPY ASSOCIATES, LLC

Current Principal Place of Business:

1405 S ORANGE AVE
603
ORLANDO, FL 32806

New Principal Place of Business:

Current Mailing Address:

1405 S ORANGE AVE
603
ORLANDO, FL 32806

New Mailing Address:

FEI Number: 20-8441741 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BAUMANN, BRUCE C
1405 S ORANGE AVE
603
ORLANDO, FL 32806 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: MGRM ( ) Delete
Name: BROWN, MELISSA
Address: 1405 S ORANGE AVE SUITE 603
City-St-Zip: ORLANDO, FL 32806

Title: MGR ( ) Delete
Name: BAUMANN, BRUCE C
Address: 1405 S ORANGE AVE SUITE 603
City-St-Zip: ORLANDO, FL 32806

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: BRUCE C BAUMANN MGR 02/18/2008

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