2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
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Secretary of State

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Entity Name: TALLAHASSEE ORTHOPEDIC CLINIC III, P.L.

Current Principal Place of Business:

3334 CAPITAL MEDICAL BLVD, SUITE 400
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

3334 CAPITAL MEDICAL BLVD, SUITE 400
TALLAHASSEE, FL 32308

New Mailing Address:

FEI Number: 59-3598056 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TARDI, KELBY CPA
3334 CAPITAL MEDICAL BLVD., SUITE 400
TALLAHASSEE, FL 32308 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
Name: THOMPSON, WILLIAM M.D.
Address: 3334 CAPITAL MEDICAL BOULEVARD, SUITE 400
City-St-Zip: TALLAHASSEE, FL 32308

Title: MGRM
Name: ALEXANDER, GREGG A M.D.
Address: 3334 CAPITAL MEDICAL BOULEVARD, SUITE 400
City-St-Zip: TALLAHASSEE, FL 32308

I hereby 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 Statues.

SIGNATURE: WILLIAM THOMPSON, M.D. MGRM 01/19/2010

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