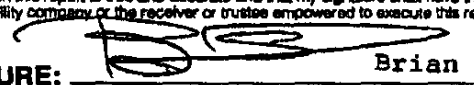


FILED
Apr 05, 2004 8:00 am
Secretary of State

03-19-2004 90271 030 ****50.00

2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # M01000001644					
1. Entity Name MUSCULOSKELETAL MANAGEMENT SYSTEMS, LLC					
Principal Place of Business 501 CORPORATE DR., STE. 210 CANONSBURG, PA 15317			Mailing Address 501 CORPORATE DR., STE. 210 CANONSBURG, PA 15317		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 25-1823509	
Zip		Country		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SHIVLER, BRIAN L 501 CORPORATE DRIVE, SUITE 210 CANONSBURG, PA 15317	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCMASTER, JAMES H 490 E NORTH AVENUE, SUITE 500 PITTSBURGH, PA 15212	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROSSIN, PETER C. 400 SOUTHPOINTE BLVD, SUITE 210 CANONSBURG, PA 15317	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PLEASE REFER TO ATTACHMENT A	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: 		Brian L. Shivler		724-743-3760	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	

34002773



01052004 Chg-LLC CR2E083 (10/03)

3/12/04

Attachment A

Attachment
34062773
MO1000001644

Members

Musculoskeletal Management Systems, LLC

Business

Brian L. Shivler
President
501 Southpointe Boulevard, Suite 210
Canonsburg, PA 15317

Home

2527 Lindenwood Drive
Wexford, PA 15090

James H. McMaster, M.D.
Chairman of The Board
501 Southpointe Boulevard, Suite 210
Canonsburg, PA 15317

301 Queensberry Circle
Pittsburgh, PA 15234

Rosetree Limited Partnership
621 Trotwood Circle
Pittsburgh, PA 15241
N/A

Daniel B. Kubelick
Chief Executive Officer
501 Corporate Drive, Suite 210
Canonsburg, PA 15317

109 Lindhurst Circle
Wexford, PA 15090