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

34002773

Principal Place of Business	Mailing Address
501 CORPORATE DR., STE. 210 CANONSBURG, PA 15317	501 CORPORATE DR., STE. 210 CANONSBURG, PA 15317

01052004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 25-1823509 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	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 _____ DATE
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 #

3/12/04

Attachment
34062773
#M0100000164(

Attachment A

Members
Musculoskeletal Management Systems, LLC

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