2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2005
Secretary of State

DOCUMENT# M01000001644

Entity Name: MUSCULOSKELETAL MANAGEMENT SYSTEMS, LLC

Current Principal Place of Business:

501 CORPORATE DR., STE. 210
CANONSBURG, PA 15317

New Principal Place of Business:

Current Mailing Address:

501 CORPORATE DR., STE. 210
CANONSBURG, PA 15317

New Mailing Address:

FEI Number: 25-1823509 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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/MEMBERS:

Title: MGR ( ) Delete
Name: SHIVLER, BRIAN L
Address: 501 CORPORATE DRIVE, SUITE 210
City-St-Zip: CANONSBURG, PA 15317

Title: MGRM ( ) Delete
Name: MCMASTER, JAMES H
Address: 490 E NORTH AVENUE, SUITE 500
City-St-Zip: PITTSBURGH, PA 15212

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: SHIVLER, BRIAN L
Address: 501 CORPORATE DRIVE, SUITE 210
City-St-Zip: CANONSBURG, PA 15317

Title: MGRM (X) Change ( ) Addition
Name: MCMASTER, JAMES H
Address: 501 CORPORATE DRIVE, SUITE 210
City-St-Zip: CANONSBURG, PA 15317

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BRIAN L. SHIVLER MGMR 04/11/2005

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