

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000001644

FILED
Apr 24, 2006
Secretary of State

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/MANAGERS:

Title: MGRM () 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: 501 CORPORATE DRIVE, SUITE 210
City-St-Zip: CANONSBURG, PA 15317

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGMR () Change (X) Addition
Name: KUBELICK, DANIEL B
Address: 501 CORPORATE DRIVE, SUITE 210
City-St-Zip: CANONSBURG, PA 15317

Title: MGMR () Change (X) Addition
Name: ROSETREE LIMITED PAR, TNERSHIP
Address: P.O. BOX 1225
City-St-Zip: MCMURRAY, PA 15317

I hereby certify that the information supplied with this filing does not qualify for the 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: BRIAN L. SHIVLER

MGMR

04/24/2006

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