

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000001644

FILED  
Mar 23, 2007  
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:**

380 SOUTHPOINTE BOULEVARD  
SUITE 400  
CANONSBURG, PA 15317

**Current Mailing Address:**

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

**New Mailing Address:**

380 SOUTHPOINTE BOULEVARD  
SUITE 400  
CANONSBURG, PA 15317

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

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

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: ZIMMER HOLDINGS, INC, .  
Address: 348 EAST MAIN STREET  
City-St-Zip: WARSAW, IN 46580

Title: MGR (X) Change ( ) Addition  
Name: ELLIOTT, J. R  
Address: 345 EAST MAIN STREET  
City-St-Zip: WARSAW, IN 46580

Title: MGR (X) Change ( ) Addition  
Name: CRINES, JAMES T  
Address: 345 EAST MAIN STREET  
City-St-Zip: WARSAW, IN 46580

Title: MGR (X) Change ( ) Addition  
Name: DVORAK, DAVID C  
Address: 345 EAST MAIN STREET  
City-St-Zip: WARSAW, IN 46580

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: JAMES T. CRINES

MGR

03/23/2007

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