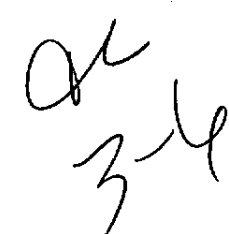
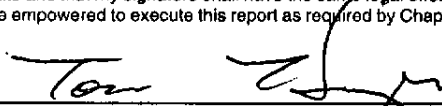


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 98 MAR -6 PM 4:10 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE					
1. Name and Mailing Address of Limited Liability Company TALLAHASSEE ORTHOPEDIC CENTER, L.C. C/O THOMAS W. LAGER, ESQ. 354 OFFICE PLAZA TALLAHASSEE FL 32301				DOCUMENT # Z00338			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country				1a. Principal Place of Business Address 3334 CAPITAL MEDICAL BOULEVA SUITE 400 TALLAHASSEE FL 32308			
2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country				3. Date Organized or Qualified 01/25/1991		3a. State of Formation FL	
				4. FEI Number 59-3062109		☐ Applied For ☐ Not Applicable	
				5. Date of Last Report 11/05/1997		6. Certificate of Status Desired SB 75 Additional Fee Required ☐	
7. Name and Address of Current Registered Agent LAGER, THOMAS W ESQ. 354 OFFICE PLAZA TALLAHASSEE FL 32301				8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City 700002452787--4 -03/10/98--01087--010 ***188.75 ***188.75 FL			
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.							
SIGNATURE _____ DATE _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)							
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code			
MGRM	HANEY, TOM C M.D.	3334 CAPITAL MEDICAL BOULE		TALLAHASSEE FL			
							

I do 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 annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

03/06/98 850/878-4250

Date

Daytime Phone #