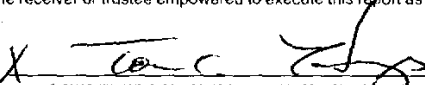


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS 95 MAR -3 AM 9:04	
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		DOCUMENT # Z00338		1a. Principal Place of Business Address	
TALLAHASSEE ORTHOPEDIC CENTER, L.C. C/O THOMAS W. LAGER, ESQ. 354 OFFICE PLAZA TALLAHASSEE FL 32301				3334 CAPITAL MEDICAL BOULEVA SUITE 400 TALLAHASSEE FL 32308	
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01/25/1991	
City & State		City & State		4. FEI Number	
Zip		Zip		59-3062109	
Country		Country		5. Date of Last Report	
				03/06/1998	
7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent/Office			
LAGER, THOMAS W ESQ. 354 OFFICE PLAZA TALLAHASSEE FL 32301		Name			
		Street Address (P.O. Box Number is Not Acceptable)			
		Suite, Apt. #, etc.			
		City			
		Zip Code			
		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 not changing)					
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	
600002794926-- E -03/04/99--01085--023 ****188.75 ****188.75					
11. 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: 		02/25/99		219-1932	
SIGNATURE AND TYPE (OR PRINTED NAME) OF SIGNING MANAGER OR MEMBER		Date		Display Name #	