2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 26, 2004 08:00 AM
Secretary of State

DOCUMENT # Z00338

1. Entity Name
TALLAHASSEE ORTHOPEDIC CENTER, L.C.

Principal Place of Business	Mailing Address
3334 CAPITAL MEDICAL BLVD., SUITE 400 TALLAHASSEE, FL 32308	3334 CAPITAL MEDICAL BLVD., SUITE 400 TALLAHASSEE, FL 32308

DO NOT WRITE IN THIS SPACE

01122004 No Chg-LLC CR2E083 (10/03)

4. FEI Number
59-3062109
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

TARDI, KELBY H
3334 CAPITAL MEDICAL BLVD.. SUITE 400
TALLAHASSEE, FL 32308

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Kelby H Tardi 1/12/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2004

U00000013653
01/26/04-80062-006 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	HANEY, TOM C M.D.
STREET ADDRESS	3334 CAPITAL MEDICAL BOULEVARD, SUITE 400
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	
NAME	
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NAME	
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CITY-ST-ZIP	

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11. I 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 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.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #