

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000051842

**FILED**  
**Feb 25, 2009**  
**Secretary of State**

**Entity Name:** THE BONE & JOINT INSTITUTE OF THE PALM BEACHES, LLC

**Current Principal Place of Business:**

5511 S. CONGRESS AVENUE  
BUILDING 3 SUITE 125  
ATLANTIS, FL 33462 US

**New Principal Place of Business:**

10781 158TH ST N  
JUPITER, FL 33478 US

**Current Mailing Address:**

5511 S. CONGRESS AVENUE  
BUILDING 3 SUITE 125  
ATLANTIS, FL 33462 US

**New Mailing Address:**

10781 158TH ST N  
JUPITER, FL 33478 US

FEI Number: 86-1112863

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BOTELHO, GEORGE M  
5511 S CONGRESS AVENUE  
125  
ATLANTIS, FL 32462 US

**Name and Address of New Registered Agent:**

BOTELHO, GEORGE M  
10781 158TH STREET N  
JUPITER, FL 33478 US

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: GEORGE M. BOTELHO

02/25/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BOTEHLO, GEORGE M M.D.  
Address: 5511 S. CONGRESS AVENUE, SUITE 125  
City-St-Zip: ATLANTIS, FL 33462 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: BOTEHLO, GEORGE M M.D.  
Address: 10781 158TH ST N  
City-St-Zip: JUPITER, FL 33478 US

I hereby certify that the information supplied with this filing does not qualify 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: GEORGE M. BOTELHO, MD

MMS

02/25/2009

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