

# 2011 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L09000101393

FILED  
Jan 26, 2011  
Secretary of State

**Entity Name:** SPECIALTY ORTHO, LLC

**Current Principal Place of Business:**

6401 CONGRESS AVE.  
SUITE 120  
BOCA RATON, FL 33487 US

**New Principal Place of Business:**

**Current Mailing Address:**

6401 CONGRESS AVE.  
SUITE 120  
BOCA RATON, FL 33487 US

**New Mailing Address:**

FEI Number: 27-1188860

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

INNOVATIVE HEALTHCARE BUS. SOLUTIONS LLC  
6401 CONGRESS AVE.  
SUITE 120  
BOCA RATON, FL 33487 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: JASON TOCCI

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: ORTHO FLORIDA, LLC  
Address: 6401 CONGRESS AVE., SUITE 120  
City-St-Zip: BOCA RATON, FL 33487 US

I hereby 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: JASON TOCCI

COO

01/26/2011

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