

**2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000108827

**FILED  
Apr 06, 2011  
Secretary of State**

**Entity Name:** INNOVATION TO REALIZATION SPINE, LLC

**Current Principal Place of Business:**

5635 CLIFTON LANE  
JACKSONVILLE, FL 32211

**New Principal Place of Business:**

**Current Mailing Address:**

5635 CLIFTON LANE  
JACKSONVILLE, FL 32211

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

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

LOWERY, GARY L  
5635 CLIFTON LANE  
JACKSONVILLE, FL 32211    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: GARY L. LOWERY

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: GARY LOWERY ENTERPRISES LIMITED PARTNERSHI  
Address: 5635 CLIFTON LANE  
City-St-Zip: JACKSONVILLE, FL 32211

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: GARY L. LOWERY

MGR

04/06/2011

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