2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 28, 2004
Secretary of State

DOCUMENT# P94000010759

Entity Name: BLUEWATER ORTHOPEDICS, P.A.

Current Principal Place of Business:

4400 HWY. 20 EAST
SUITE 511
NICEVILLE, FL 32578

New Principal Place of Business:

1950 BLUEWATER BLVD
SUITE 100
NICEVILLE, FL 32578

Current Mailing Address:

4400 HWY. 20 EAST
SUITE 511
NICEVILLE, FL 32578

New Mailing Address:

1950 BLUEWATER BLVD
SUITE 100
NICEVILLE, FL 32578

FEI Number: 59-3228032 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FOX, THOMAS M D.O.
4400 HWY. 20 EAST
SUITE 511
NICEVILLE, FL 32578 US

Name and Address of New Registered Agent:

FOX, THOMAS M D.O.
1950 BLUEWATER BLVD
SUITE 100
NICEVILLE, FL 32578 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: THOMAS M. FOX 10/28/2004
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: V ( ) Delete
Name: MAKOWSKI, WILLIAM J MD
Address: 4400 HWY 20 EAST, SUITE
City-St-Zip: NICEVILLE, FL 32578

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change ( ) Addition
Name: MARKOWSKI, WILLLIAM J MD
Address: 1950 BLUEWATER BLVD SUITE 100
City-St-Zip: NICEVILLE, FL 32578

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS M. FOX P 10/28/2004
Electronic Signature of Signing Officer or Director Date