I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: GAYLE REICHNER

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# 768605

Entity Name: MIAMI ORTHOPAEDIC SOCIETY, INC.

Current Principal Place of Business:

10656 NW 16TH COURT PLANTATION, FL 33322

Current Mailing Address:

10656 NW 16TH COURT PLANTATION, FL 33322 US

FEI Number: 59-1736480

Name and Address of Current Registered Agent:

KRAMER, ROBERT MESQ 4000 HOLLYWOOD BLVD 485-SOUTH HOLLYWOOD, FL 33021 US FILED Feb 20, 2015 Secretary of State CC3317670888

Date

Certificate of Status Desired: No

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:

Electronic Signature of Registered Agent

Officer/Director Detail :

| Title | MGR | Title | MGR |
|-----------------|--------------------------------|-----------------|--------------------------------|
| Name | REICHNER, GAYLE | Name | REICHNER, GAYLE |
| Address | 10656 NW 16 CT | Address | 10656 NW 16 CT |
| City-State-Zip: | PLANTATION FL 33322 | City-State-Zip: | PLANTATION FL 33322 |
| | | | |
| Title | VPD | Title | TD |
| Name | MONTANE, ISMAEL DR | Name | FERNANDEZ, RAFAEL DR |
| Address | 1172 S DIXIE HIGHWAY, STE. 357 | Address | 1172 S DIXIE HIGHWAY, STE. 357 |
| | | | |
| City-State-Zip: | CORAL GABLES FL 33146 | City-State-Zip: | CORAL GABLES FL 33146 |

Date

02/20/2015

DIRECTOR