

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 525810

FILED  
Feb 18, 2008  
Secretary of State

**Entity Name:** SOUTH FLORIDA ORTHOPAEDICS AND REHABILITATION CONSULTANTS, P.A.

**Current Principal Place of Business:**

747 PONCE DE LEON BLVD., STE 505  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

527 SW 27 AVENUE  
MIAMI, FL 33135

**Current Mailing Address:**

747 PONCE DE LEON BLVD., STE 505  
CORAL GABLES, FL 33134

**New Mailing Address:**

527 SW 27 AVENUE  
MIAMI, FL 33135

**FEI Number:** 59-1722996

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BARRIOS, ALEXANDER  
5201 BLUE LAGOON DRIVE  
8TH FLOOR  
MIAMI, FL 33126 US

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

BARRIOS, ALEXANDER  
527 SW 27 AVENUE  
MIAMI, FL 33135 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: ALEXANDER BARRIOS

02/18/2008

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: PD ( ) Delete  
Name: BARRIOS, IVAN J  
Address: 747 PONCE DE LEON BLVD  
City-St-Zip: CORAL GABLES FL,

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 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: IVAN BARRIOS

PD

02/18/2008

Electronic Signature of Signing Officer or Director

Date