2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 529465

1. Entity Name
LE JEUNE ORTHOPEDIC ASSOCIATES, DRS.
SANCHEZ-MEDINA & BEAUPERTHUY-ROJAS, P.A.

FILED

07 JAN 29 PM 1: 53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
351 NW LEJEUNE ROAD, #205 MIAMI, FL 33126	351 NW LEJEUNE ROAD, #205 MIAMI, FL 33126

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country

REINSTATEMENT 06-07

4. FEI Number 59-1730508 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SANCHEZ-MEDINA, ROLAND ~~351 N.W. LEJEUNE RD. #205~~ ~~MIAMI, FL 33126~~	Name
2333 Ponce de Leon Suite 302 Coral Gables, FL 33134	Street Address (P.O. Box Number is Not Acceptable)
	City _____ FL _____ Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ assistant Secretary 1/15/7. 11/21/06 DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $750.00
After January 1, 2007, Fee will be $900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD NAME SANCHEZ-MEDINA R Olanoo STREET ADDRESS 351 NW LEJEUNE RD #205 CITY-ST-ZIP MIAMI, FL 33126	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 9000082101499 11/20/06--01034--023 **500.00
TITLE TD NAME BEAUPERTHNY-ROSAS, GILBERT STREET ADDRESS 351 NW DESEUNE RD #205 CITY-ST-ZIP MIAMI, FL 33126	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☑ Addition 9000082101499 01/02/07--01015--003 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 9000082101499 02/05/07--01013--005 **300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Assistant Secretary _____ 11/21/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Gilbert Beauperthuy