FAX AUDIT NO. H00000067642

FILED
SECRETARY OF STATE
[illegible] CORPORATIONS

00 DEC 29 PM 4:53

P.1

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

CORPORATION REINSTATEMENT

DOCUMENT # 597446

Corporation Name

Lighthouse Orthopaedic Management Group, Inc.

REINSTATEMENT 00

2. Principal Office Address
1821 N.E. 25 Street

Suite, Apt. #, etc.

City & State
Lighthouse Point, FL

Zip 33064 Country USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 12/14/78

5. FEI Number 59-1870616 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
EMO Corporate Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)
100 Northeast Third Avenue, Suite 1100

Suite, Apt. #, Etc.

City
Fort Lauderdale

State FL Zip Code 33301

8. I being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent Deborah Chrystie Asst Sec. Date 12/29/00

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Type	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	Goberville, Thomas	1821 N.E. 25 Street	Lighthouse Point, FL 33064
S/T/D	Young, Bruce P.	1821 N.E. 25 Street	Lighthouse Point, FL 33064
D	Kleinhenz, Dominic J.	1821 N.E. 25 Street	Lighthouse Point, FL 33064
D	McKay, William R.	1821 N.E. 25 Street	Lighthouse Point, FL 33064

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Thomas Goberville 12/29/00 AD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Corporate Status

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Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

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Division of Corporations
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From:
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Account Number : 076067004147
Phone : (954)462-3300
Fax Number : (954)763-2439

CORPORATION REINSTATEMENT

LIGHTHOUSE ORTHOPAEDIC MANAGEMENT GROUP, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$750.00