2011 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 11, 2011
Secretary of State

DOCUMENT# 601799

Entity Name: ORTHOPAEDIC CLINIC OF DAYTONA BEACH, P.A.

Current Principal Place of Business:

1075 MASON AVENUE
DAYTONA BEACH, FL 32117

New Principal Place of Business:

Current Mailing Address:

1075 MASON AVENUE
DAYTONA BEACH, FL 32117

New Mailing Address:

FEI Number: 59-1281292 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GILESPY, ALBERT W M.D.
1075 MASON AVE.
DAYTONA BEACH, FL 32117 US

Name and Address of New Registered Agent:

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: ALBERT GILLESPY MD
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: S
Name: GOTTLICH, MALCOLM D M.D.
Address: 1075 MASON AVE
City-St-Zip: DAYTONA BEACH, FL 32117

Title: P
Name: GILLESPY, THURMAN M.D.
Address: 1075 MASON AVENUE
City-St-Zip: DAYTONA BEACH, FL 32117

Title: VP
Name: BRYAN, JAMES M M.D.
Address: 1075 MASON AVE
City-St-Zip: DAYTONA BEACH, FL 32117

Title: T
Name: GILLESPY, ALBERT W M.D.
Address: 1075 MASON AVE
City-St-Zip: DAYTONA BCH, FL 32117

Title: VP
Name: GILLESPY, MARK C M.D.
Address: 1075 MASON AVE
City-St-Zip: DAYTONA BEACH, FL 32117

Title: AS
Name: HATTEN, BRIAN R MD
Address: 1075 MASON AVE
City-St-Zip: DAYTONA BEACH, FL 32117

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

SIGNATURE: ALBERT GILLESPY MD T 10/11/2011
Electronic Signature of Signing Officer or Director Date