A96000001256

APPROVED AND FILED
03 OCT 27 PM 3:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1062

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED PARTNERSHIP REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT 2003

DOCUMENT # A96000001256

1. Name of Limited Partnership
BONE AND JOINT TREATMENT CENTERS OF SOUTH FLORIDA, LTD.

2. Principal Office Address		3. Mailing Office Address	
1841 West Oak Parkway		1841 West Oak Parkway	
Suite, Apt. #, etc. A		Suite, Apt. #, etc. A	
City & State Marietta, GA		City & State Marietta, GA	
Zip 30062	Country USA	Zip 30062	Country USA

4. Date Formed or Registered To Do Business in Florida: 07/01/1996

5. FEI Number: 65-0695010 ☐ Applied For ☐ Not Applicable

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

7a. Capital Contributions as shown on Record: $500,000

7b. Amount of Capital Contributions in FLORIDA to date: $500,000

8. Name and Address of Current Registered Agent

Name: C T Corporation System
Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road
Suite, Apt. #, Etc.
City: Plantation State: FL Zip Code: 33324

FEES:
1.) Filing Fee(s): Computed at a rate of $7 per $1,000 on amount entered in 7b, with a minimum filing fee of $52.50 and a maximum of $437.50, for each year due this office.
2.) Supplemental Fee(s): $68.75 for each year due this office, beginning with 1992 calendar year.
3.) Penalty Fee(s): $500 penalty fee for each year report form is delinquent.
Note: If the amount entered in 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

9. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent, I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) [signature] Allan Farnell, Vice President DATE 10/27/2003

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

10. Name(s) of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	10a. Registration Document Number
HT Orthotripsy Management Company, LLC	1841 West Oak Parkway, Suite A	Marietta, GA 30062	M00000002456

JB

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE: HT Orthotripsy Management Company, LLC By: [signature] Secretary DATE 10/23/03

Typed or Printed Name of General Partner Signing Form: Ted S Biderman, Secretary Telephone Number: 770 419 0691

CR2E038 (9/01)

FL471 - 11/13/01 C T System Online

2082

Florida Department of State

Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H03000304570 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)222-9428

LIMITED PARTNERSHIP REINSTATEMENT

BONE AND JOINT TREATMENT CENTERS OF SOUTH FLORIDA, L

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$1,026.25

FILED
03 OCT 27 PM 2:20
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Public Access Help