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ACCOUNT NO. : 072100000032 REFERENCE AUTHORIZATION COST LIMIT : \$ 35.00 ORDER DATE: November 20, 2008

ORDER TIME : 10:39 AM

ORDER NO. : 800546-024

CUSTOMER NO: 7378195

CHANGE OF AGENT

NAME: SPINE NEXT AMERICA CORP.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY _ PLAIN STAMPED COPY

CONTACT PERSON: Cindy Harris

EXAMINER'S INITIALS:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the p statement of char in order	nge is submitted	for a corpor	ation organize	ed under the l		of Dela	ware
1. The name of the	he corporation:	SPINE NI	EXT AME	RICA CO	RP.		
2. The principal of	office address:	345 Ea	st Main	Street,	Warsaw,	IN	46580
3. The mailing ac	ddress (if differe	ent):					
4. Date of incorp	oration/qualific	ation: 01/10)/2003	Documen	t number: F03	000000	0153
5. The name and Florida Depart		f the current 1	registered age	nt and registe	red office on file	with the	
	C T Corpor	ation Syst	em		در در دهست	~	
	1200 South	Pine Islan	d Road		E Se		n.
	Plantation,	FL 33324			H		
6. The name and (if changed):	street address o	f the new regi	stered agent (if changed) a	nd /or registered	Affice 1	0
	Corporation	Service (Company				
	1201 Hays	Street			: # # # # # # # # # # # # # # # # # # #		
•		(P.O. Box N	OT acceptable)				
	Tallahassee	, FL 3230	1				
The street address as changed will be	ss of its register be identical.	ed office and	the street ad	dress of the l	ousiness office o	of its regi	stered agent,
Such change was authorized by the	s authorized by board, or the	resolution decorporation h	ıly adopted b as been notif	y its board of ted in writing	f directors or by g of the change.	an office	er so
(Signature	e of an officer or dire	i duell	 -		ASSISTANT		tany
I hereby accept to I further agree to of my duties, and document is bein corporation has Corporati	he appointmen o comply with the I I am familiar og filed merely i been notified in On Service	t as registere he provisions with and acc to reflect a ch writing of th Company	d agent and a of all statute ept the obliga ange in the r iis change.	agree to act i es relative to ation of my po egistered off	n this capacity. the proper and c osition as regist ice address, I he	complete ered ager ereby con	performance nt. Or, if this firm that the
By: Sugar	ature of Registered	Agent)		(1-	ZU-C)F	
If signing on beh		- /			ζ,		
Sylvia J. Que	·						
	ped or Printed Name						
		* * * F	LING FEE:	\$35.00 * * *	·		

Make Checks payable to Florida Department of State
Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314