## T08000003833

Office Use Only



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DIVISION DE STATEMANTA PLANTAGE PROPERTIE DE LA PROPERTIE DE

11/25/08



	ACCOUNT NO.	:	07210000	0032
	REFERENCE	:	800546	7378195
	AUTHORIZATION	: <b>C</b>	Spelled	enan
	COST LIMIT	:	\$ 35.00	
RDER DATE :	November 20, 200	8		
RDER TIME :	10:38 AM			
ORDER NO. :	800546-005			
CUSTOMER NO:	7378195			
	<u>CHANGE OF A</u>	<u>odni</u>		
NAME:	ABBOTT SPINE	INC.		
PLEASE RETURN	THE FOLLOWING AS	PRO	OF OF FI	LING:
	FIED COPY			

EXAMINER'S INITIALS:

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of Delaware er to change its registered office or registered agent, or both, in the State of Florida.
1. The name of	the corporation: ABBOTT SPINE INC.
2. The principal	office address: 345 E. MAIN ST., WARSAW, IN 46580
3. The mailing a	address (if different):
4. Date of incorp	poration/qualification: 09/02/2008 Document number: F08000003833
	d street address of the current registered agent and registered office on file with the rtment of State:
	C T Corporation System
	1200 South Pine Island Road
	Plantation, FL 33324
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office
	Corporation Service Company
	1201 Hays Street
	(P.O. Box NOT acceptable)
	Tallahassee, FL 32301
The street addre as changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.
Klat	Wy. Kidwell  RENTHER & LEDWISE  ASSISTANT Secretary  (Printed or typed name and title)
I hereby accept I further agree t of my duties, an document is bei, corporation has Corporat	the appointment as registered agent and agree to act in this capacity.  to comply with the provisions of all statutes relative to the proper and complete performance ad I am familiar with and accept the obligation of my position as registered agent. Or, if this ag filed merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change.  tion Service Company
/	gnature of Registerel Agent) (Date)
· -	half of an entity:
	ieppet, Asst. VP
	(yped or Printed Name)
	* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)