2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Dec 18, 2008
Secretary of State

DOCUMENT# H08745

Entity Name: SOUTH DADE ORTHOPAEDIC ASSOCIATES, P.A.

Current Principal Place of Business:

7867 N KENDALL DRIVE
STE 130
MIAMI, FL 33156

New Principal Place of Business:

Current Mailing Address:

9299 S.W. 152ND STREET
SUITE #103
MIAMI, FL 33157

New Mailing Address:

7867 N KENDALL DRIVE
SUITE #130
MIAMI, FL 33156

FEI Number: 59-2417574 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KTG & S REGISTERED AGENT CORPORATION
100 S.E. 2ND STREET
28TH FLOOR
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

LANG, ELLIOT N MD
7867 N KENDALL DRIVE
SUITE #130
MIAMI, FL 33156 US

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: ELLIOT N. LANG, MD 12/18/2008
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: LANG, ELLIOT M.D.
Address: 7867 N. KENDALL DRIVE STE 130
City-St-Zip: MIAMI, FL 33156

Title: DVST ( ) Delete
Name: EVANS, THEODORE M.D.
Address: 7867 N. KENDALL DRIVE STE 130
City-St-Zip: MIAMI, FL 33156

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ELLIOT N. LANG, MD DP 12/18/2008
Electronic Signature of Signing Officer or Director Date