LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 24, 2002 8:00 am
Secretary of State
05-22-2002 90270 005 ****55.00

DOCUMENT #: L01000020983

1. Entity Name
VERTEBRAL SYSTEMS LLC

DO NOT WRITE IN THIS SPACE

94550

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2. Principal Place of Business	3. Mailing Address
VERTEBRAL SYSTEMS	VERTEBRAL SYSTEMS
Suite, Apt. #, etc. 2495 GEN. ARMISTEAD AV	Suite, Apt. #, etc. 2495 GEN. ARMISTEAD AV
City & State NORRISTOWN, PA	City & State NORRISTOWN, PA
Zip 19403 Country USA	Zip 19403 Country USA

4. FEI Number — ☑ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: CHARLES HOKANSON

Street Address (P.O. Box Number is Not Acceptable): 1737 FLAGLER MANOR CIRCLE

City: WEST PALM BEACH FL Zip Code: 33411-5111

8. 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: C Hokan — 4/29/02
Signature, typed or printed name of registered agent and title if applicable. DATE

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1st

9. MANAGING MEMBERS / MANAGERS

TITLE	PRESIDENT
NAME	CHARLES HOKANSON
STREET ADDRESS	1335 MERRYBROOK RD.
CITY-ST-ZIP	COLLEGEVILLE, PA 19426

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: C Hokan — 4/29/02 — 616 539-9300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #