

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

03-12-2003 90013 016 \*\*\*\*\*55.00

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**DOCUMENT #** L01000020983

1. Entity Name

VERTEBRAL SYSTEMS, LLC

55020655

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

2495 General -

3. Mailing Address

PO Box 80390

Suite, Apt. #, etc.

Armistead Avenue

Suite, Apt. #, etc.

City & State

Norristown PA

City & State

Valley Forge PA

Zip

19403

Country

USA

Zip

19484

Country

USA

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

John Hokanson

Street Address (P.O. Box Number is Not Acceptable)

1737 Flagler Manor Circle

City

West Palm Beach

FL

Zip Code

33411-5111

**DO NOT WRITE  
IN THIS SPACE**

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 John Hokanson

Signature, typed or printed name of registered agent and title if applicable.

March 5, 2003

DATE

**FEE IS \$50.00**

**Make Check Payable to Department of State  
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

President  
Charles Hokanson  
1335 Merrybrook Road  
Collegeville PA 19426

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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**DO NOT WRITE  
IN THIS SPACE**

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: John Hokanson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083B (12/01)