

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L02000029332

**FILED**  
**Apr 16, 2010**  
**Secretary of State**

**Entity Name:** ORTHOPEDIX NETWORK SOLUTIONS OF FLORIDA, LLC

**Current Principal Place of Business:**

7220 NW 36 STREET  
SUITE 103  
MIAMI, FL 33166 US

**New Principal Place of Business:**

**Current Mailing Address:**

7220 NW 36 STREET  
SUITE 103  
MIAMI, FL 33166 US

**New Mailing Address:**

**FEI Number:** 22-3880498      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

DENES, GREG  
14255 U.S. HIGHWAY ONE  
SUITE 243  
JUNO BEACH, FL 33408 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: GREG DENES

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** JOHNSON, RONNIE D  
**Address:** 7220 NW 36 STREET , STE. 103  
**City-St-Zip:** MIAMI, FL 33166 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: RONNIE D. JOHNSON

MGRM

04/16/2010

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Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date