2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 APR 24 AM 10:21

DOCUMENT # L03000025946

1. Entity Name
SURGICAL IMPLANT SERVICES, LLC

Principal Place of Business	Mailing Address
4905 BELFORT ROAD SUITE 110 JACKSONVILLE, FL 32256	~~16758 BELFORT ROAD~~ SUITE 110 JACKSONVILLE, FL 32256

04212006 REIN-LLC CR2E101 (11/05)

2. Principal Place of Business	3. Mailing Address
	4905 Belfort Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number NOT APPLICABLE ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SWEENEY, MICHAEL J MD, MBA 4905 BELFORT ROAD SUITE 110 JACKSONVILLE, FL 32256	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $200.00

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR SWEENEY, MICHAEL J MD, MBA 16758 PANTHER PAW COURT FORT MYERS, FL 33908	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR MCGUIRE, JOHN M MA, CPA 14176 PINE ISLAND DRIVE JACKSONVILLE, FL 32224	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 400072127604 04/26/06--01018--007 **200.00
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #