

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000035316

Entity Name: HILL ORTHOPEDIC CENTER LLC

FILED
Oct 09, 2006
Secretary of State

Current Principal Place of Business:

3000 HUNTER'S CREEK BLVD.
SUITE 2
ORLANDO, FL 32837 US

New Principal Place of Business:

14050 TOWN LOOP BLVD
SUITE 105
ORLANDO, FL 32837 US

Current Mailing Address:

3000 HUNTER'S CREEK BLVD
SUITE 2
ORLANDO, FL 32837 US

New Mailing Address:

14050 TOWN LOOP BLVD
SUITE 105
ORLANDO, FL 32837 US

FEI Number: 77-0608630 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:

HILL, NATHAN
3000 HUNTER'S CREEK BLVD
ORLANDO, FL 32837 US

Name and Address of New Registered Agent:

HILL, NATHAN
14050 TOWN LOOP BLVD
SUITE 105
ORLANDO, FL 32837 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: NATHAN HILL

10/09/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HILL, NATHAN
Address: 3000 HUNTERS CREEK BLVD. #2
City-St-Zip: ORLANDO, FL 32837 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: HILL, NATHAN
Address: 14050 TOWN LOOP BLVD SUITE 105
City-St-Zip: ORLANDO, FL 32837 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: NATHAN HILL

MGR

10/09/2006

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