

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000045947

**FILED**  
**Oct 26, 2011**  
**Secretary of State**

**Entity Name:** SURGICAL CONCEPTS & INNOVATIONS, LLC

**Current Principal Place of Business:**

10151 UNIVERSITY BLVD.  
#338  
ORLANDO, FL 32817

**New Principal Place of Business:**

**Current Mailing Address:**

10151 UNIVERSITY BLVD.  
#338  
ORLANDO, FL 32817

**New Mailing Address:**

**FEI Number:** 34-2004299

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

STEIN, SONNENSCHN, HOCHMAN & PEPPLER  
1420 ALAFAYA TRAIL, SUITE 101  
OVIEDO, FL 32765 US

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

BURR FORMAN LLP  
369 N. NEW YORK AVE.  
SUITE 300  
WINTER PARK, FL 32789 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: JESSE GRAHAM, SR.

10/26/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: CEO  
Name: RIDDELL, TODD  
Address: 10151 UNIVERSITY BLVD. #338  
City-St-Zip: ORLANDO, FL 32817

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: TODD RIDDELL

CEO

10/26/2011

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