2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Dec 05, 2005
Secretary of State

DOCUMENT# L04000073107

Entity Name: ORTHOPEDIC IMPLANT SERVICES OF DUVAL-BEACHES COUNTY, LLC

Current Principal Place of Business:

4905 BELFORT ROAD, SUITE 110
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

4905 BELFORT ROAD, SUITE 110
JACKSONVILLE, FL 32256

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **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:

MICHAEL J. SWEENEY, M.D., M.B.A.
4905 BELFORT ROAD, SUITE 110
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

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: MICHAEL J. SWEENEY, M.D., M.B.A.
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: SURGICAL IMPLANT SER, VICES, LLC
Address: 4905 BELFORT ROAD, SUITE 110
City-St-Zip: JACKSONVILLE, FL 32256

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOHN M. MCGUIRE, MA, CPA COO 12/05/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date