

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000000014

**FILED**  
**Oct 26, 2010**  
**Secretary of State**

**Entity Name:** PERFORMANCE SPORTS MEDICINE LLC

**Current Principal Place of Business:**

1041 CASCADE CIR STE 108  
ROCKLEDGE, FL 32955

**New Principal Place of Business:**

2957 N 2ND STREET  
HARRISBURG, PA 17110

**Current Mailing Address:**

1041 CASCADE CIR STE 108  
ROCKLEDGE, FL 32955

**New Mailing Address:**

PO BOX 62135  
HARRISBURG, PA 171062135

**FEI Number:** 76-0775364

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

A1A REGISTERED AGENT INC.  
5647 110TH AVE. NORTH  
ROYAL PALM BEACH, FL 334110000 US

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

A1A REGISTERED AGENT INC.  
5647 110TH AVENUE NORTH  
ROYAL PALM BEACH, FL 33411 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: TINA MAKI, PRESIDENT

10/26/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: NIKOVITS, DAVID  
Address: PO BOX 62135  
City-St-Zip: HARRISBURG, PA 171062135

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: DAVID NIKOVITS

MGRM

10/26/2010

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