

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000046318

FILED
Jan 08, 2008
Secretary of State

Entity Name: SURGICAL IMPLANT SERVICES, LLC

Current Principal Place of Business:

4905 BELFORT RD STE 110
JACKSONVILLE, FL 32256

New Principal Place of Business:

1415 ATLANTIC BLVD
SUITE B
NEPTUNE BEACH, FL 32266

Current Mailing Address:

4905 BELFORT RD STE 110
JACKSONVILLE, FL 32256

New Mailing Address:

1415 ATLANTIC BLVD
SUITE B
NEPTUNE BEACH, FL 32266

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:

MCGUIRE, JOHN M
4905 BELFORT RD STE 110
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

MCGUIRE, JOHN M
1415 ATLANTIC BLVD
SUITE B
NEPTUNE BEACH, FL 32266 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: JOHN M MCGUIRE

01/08/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MCGUIRE, JOHN M
Address: 4905 BELFORT RD STE 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 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: JOHN M. MCGUIRE

CEO

01/08/2008

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