2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Apr 20, 2009
Secretary of State

DOCUMENT# L07000035786

Entity Name: ORTHODYNAMIX, LLC

Current Principal Place of Business:

11222 ST. JOHNS INDUSTRIAL PARK NORTH
JACKSONVILLE, FL 32246

New Principal Place of Business:

10302 DEERWOOD PARK BLVD.
SUITE 209
JACKSONVILLE, FL 322564121

Current Mailing Address:

11222 ST. JOHNS INDUSTRIAL PARK NORTH
JACKSONVILLE, FL 32246

New Mailing Address:

10302 DEERWOOD PARK BLVD.
SUITE 209
JACKSONVILLE, FL 322564121

FEI Number: 20-8783031 **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:

DENNIS, WILLIAM G
11222 ST. JOHNS INDUSTRIAL PARK NORTH
JACKSONVILLE, FL 32246 US

Name and Address of New Registered Agent:

DENNIS, WILLIAM G
10302 DEERWOOD PARK BLVD.
SUITE 209
JACKSONVILLE, FL 322564121 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: WILLIAM G DENNIS 04/20/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM ( ) Change (X) Addition
Name: DENNIS, WILLIAM G
Address: 10302 DEERWOOD PARK BLVD., STE. 209
City-St-Zip: JACKSONVILLE, FL 322564121

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: WILLIAM G DENNIS MGRM 04/20/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date