

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000089431

FILED
Oct 19, 2009
Secretary of State

Entity Name: NEUROMED ORTHOPEDICS, LLC

Current Principal Place of Business:

234 BOTANY BLVD.
SANTA ROSA BEACH, FL 32459 US

New Principal Place of Business:

Current Mailing Address:

234 BOTANY BLVD.
SANTA ROSA BEACH, FL 32459 US

New Mailing Address:

P.O. BOX 6686
MIRAMAR BEACH, FL 32550 US

FEI Number: 42-1740354 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
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:

DELIVORIAS, BRADLEY P
234 BOTANY BLVD.
SANTA ROSA BEACH, FL 32459 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: BRADLEY DELIVORIAS

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DELIVORIAS, BRADLEY P
Address: 234 BOTANY BLVD.
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

Title: MGRM (X) Delete
Name: ALLEN, KEVIN
Address: 234 BOTANY BLVD.
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: DELIVORIAS, BRADLEY P
Address: 234 BOTANY BLVD.
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

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: BRADLEY DELIVORIAS

MGR

10/19/2009

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