

2011 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000089431

FILED
Apr 04, 2011
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:

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

New Mailing Address:

FEI Number: 42-1740354

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

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 P DELIVORIAS

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

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: BRADLEY P DELIVORIAS

MGR

04/04/2011

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