

# 2011 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000047009

**FILED**  
**Nov 08, 2011**  
**Secretary of State**

**Entity Name:** MOTION MEDICAL & ORTHOPEDICS, LLC

**Current Principal Place of Business:**

3901 GORDON DR  
NAPLES, FL 34102

**New Principal Place of Business:**

2610 BULRUSH LANE  
NAPLES, FL 34105

**Current Mailing Address:**

3901 GORDON DR  
NAPLES, FL 34102

**New Mailing Address:**

2610 BULRUSH LANE  
NAPLES, FL 34105

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

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

DAVID, CYNDE  
3901 GORDON DR  
NAPLES, FL 34102    US

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

DAVID, CYNDE  
2810 BULRUSH LANE  
NAPLES, FL 34105    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: CYNDE C. DAVIS

11/08/2011

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title:            MGRM  
Name:           DAVIS, CYNDE  
Address:        2610 BULRUSH LANE  
City-St-Zip:    NAPLES, FL 34105

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: CYNDE C. DAVIS

MGRM

11/08/2011

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