

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L10000030264

**FILED**  
**Apr 17, 2012**  
**Secretary of State**

**Entity Name:** COASTAL ORTHOPEDIC SOLUTIONS, LLC

**Current Principal Place of Business:**

7202 COLLEY ROAD  
ODESSA, FL 33556

**New Principal Place of Business:**

**Current Mailing Address:**

7202 COLLEY ROAD  
ODESSA, FL 33556

**New Mailing Address:**

**FEI Number:** 27-2141381

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

BEGG, DONALD J  
7202 COLLEY ROAD  
ODESSA, FL 33556 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:** DONALD J. BEGG

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

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** BEGG, DONALD J  
**Address:** 7202 COLLEY ROAD  
**City-St-Zip:** ODESSA, FL 33556

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:** DONALD J. BEGG

MGRM

04/17/2012

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