

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L10000107326

**FILED**  
**Apr 27, 2012**  
**Secretary of State**

**Entity Name:** ORTHOPEDIC & NEUROLOGY GROUP OF SOUTH FLORIDA, LLC

**Current Principal Place of Business:**

5400 SO. UNIVERSITY DRIVE, SUITE 401  
DAVIE, FL 33328

**New Principal Place of Business:**

9600 SW 8 ST  
SUITE 23B  
MIAMI, FL 33174

**Current Mailing Address:**

5400 SO. UNIVERSITY DRIVE, SUITE 401  
DAVIE, FL 33328

**New Mailing Address:**

9600 SW 8 ST  
SUITE 23B  
MIAMI, FL 33174

**FEI Number:** 27-3679212

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

MOYA, ROBERT A  
5400 SO. UNIVERSITY DRIVE, SUITE 401  
DAVIE, FL 33328 US

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

MOYA, ROBERT A  
9600 SW 8 ST  
SUITE 23B  
MIAMI, FL 33174 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: ROBERTO MOYA

04/27/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: MOYA, ROBERT A  
Address: 9600 SW 8 ST SUITE 23B  
City-St-Zip: MIAMI, FL 33174

Title: MGR  
Name: LOREDO, YUDEMIS A  
Address: 9600 SW 8 ST SUITE 23B  
City-St-Zip: MIAMI, FL 33174

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: ROBERTO MOYA

MGR

04/27/2012

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