

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L10000110491

Entity Name: ORTHOSURG LLC

**FILED**  
**Jan 12, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

3251 MCMULLEN-BOOTH RD  
STE 201  
CLEARWATER, FL 33761

**New Principal Place of Business:**

**Current Mailing Address:**

3251 MCMULLEN-BOOTH RD  
STE 201  
CLEARWATER, FL 33761

**New Mailing Address:**

FEI Number: 80-0697898

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

OLIVER, BRIAN C M.D.  
3251 MCMULLEN-BOOTH RD  
STE 201  
CLEARWATER, FL FL 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: BRIAN C. OLIVER MD

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM

Name: OLIVER, BRIAN C M.D.

Address: 3251 MCMULLEN-BOOTH RD., STE 201

City-St-Zip: CLEARWATER, FL 33761 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: BRIAN C. OLIVER MD

MGMR

01/12/2012

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