

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L11000088351

**FILED**  
**Apr 30, 2013**  
**Secretary of State**

**Entity Name:** ORTHONEURO INJURY, LLC

**Current Principal Place of Business:**

2808 WEST DR. MARTIN LUTHER KING BLVD.  
TAMPA, FL 33607

**New Principal Place of Business:**

18133 PATTERSON RD.  
ODESSA, FL 33556

**Current Mailing Address:**

2808 WEST DR. MARTIN LUTHER KING BLVD.  
TAMPA, FL 33607

**New Mailing Address:**

18133 PATTERSON RD.  
ODESSA, FL 33556

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FLYNN, GREGORY T MD  
2808 WEST DR. MARTIN LUTHER KING BLVD.  
TAMPA, FL 33607 US

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

MACLAREN, M. CHRISTOPHER DO  
18133 PATTERSON RD.  
ODESSA, FL 33556 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: M. CHRISTOPHER MACLAREN, DO

04/30/2013

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: M. CHRISTOPHER MACLAREN, DO, LLC  
Address: 18133 PATTERSON ROAD  
City-St-Zip: ODESSA, FL 33558

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: M. CHRISTOPHER MACLAREN, DO

MGMR

04/30/2013

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