2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Mar 27, 2009
Secretary of State

DOCUMENT# L19644

Entity Name: ORTHOPAEDICS REHABILITATION ERGONOMICS, INC.

Current Principal Place of Business:

2303 HOLLYWOOD BLVD
HOLLYWOOD, FL 33020 US

New Principal Place of Business:

3900 ISLAND BLVD
205B
AVENTURA, FL 33160 US

Current Mailing Address:

2303 HOLLYWOOD BLVD
HOLLYWOOD, FL 33020 US

New Mailing Address:

3900 ISLAND BLVD
205B
AVENTURA, FL 33160 US

FEI Number: 65-0157288 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOSKOWITZ, NORMAN MD
2303 HOLLYWOOD BLVD
HOLLYWOOD, FL 33020 US

Name and Address of New Registered Agent:

SOUTH FLORIDA TAX INC.
5001 SOUTH UNIVERSITY DRIVE
SUITE B
DAVIE, FL 33328 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: SCOTT E. ITKIN 03/27/2009
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: MOSKOWITZ, NORMAN MD
Address: 2303 HOLLYWOOD BLVD
City-St-Zip: HOLLYWOOD, FL 33020

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: MOSKOWITZ, NORMAN MD
Address: 3900 ISLAND BLVD, APT 205B
City-St-Zip: AVENTURA, FL 33160 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NORMAN MOSKOWITZ P 03/27/2009
Electronic Signature of Signing Officer or Director Date