


2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # M01000000178			
1. Entity Name ORTHEON MEDICAL, L.L.C.			
Principal Place of Business 7151 UNIVERSITY BLVD. WINTER PARK, FL 32792		Mailing Address 7151 UNIVERSITY BLVD. WINTER PARK, FL 32792	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED
2004 NOV -2 PM 3:54
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



10192004 REIN-LLC CR2E101 (6/04)

4. FEI Number 88-0460275		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent WEATHERFORD, WILLIAM P JR, ESQ 1150 LOUISIANA AVENUE, STE 4 WINTER PARK, FL 32789		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00 After January 1, 2005, Fee will be \$100.00	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WILLIAMSON, WARREN P III 4201 GULF SHORE BLVD., #1506 NAPLES, FL 34103 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800042373945 <input type="checkbox"/> Change <input type="checkbox"/> Addition 11/02/04--01014--002 **\$5.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TITTLE, RAY S JR. 10 SHORE DRIVE, DUNE ACRES CHESTERTON, IN 46304 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHRISTY, WILLIAM J 216 BAYSHORE CIRCLE VENICE, FL 34792 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHRISTY, ALBERT H 20 OAKDALE FARM DRIVE EDMOND, OK 73013 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALBERT H. PHARIS, JR. 7034 AIA South St. Augustine, FL 32080 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: Albert H. Pharis, Jr. **10/21/04** **407-718-0543**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #