

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE  
REINSTATEMENT

03 FEB 11 PM 12:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # M01000000178

1. Limited Liability Company's Name

Ortheon Medical, L.L.C.

2. Principal Office Address

7151 University Blvd.

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Winter Park, FL

Zip

32792

Country

USA

City & State

Zip

Country

4. State/Country of Formation

Nevada

5. Date Organized or Qualified  
To Do Business in Florida

01/23/01

6. FEI Number

88-0460275

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

William P. Weatherford, Jr.

Street Address (P.O. Box Number is Not Acceptable)

1150 Louisiana Avenue, Suite 4

Suite, Apt. #, Etc.

200012241022

02/11/03--01005--007 \*\*200.00

City

Winter Park

State

FL

Zip Code

32789

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

*W.P. Weatherford, Jr.*

Date 02/06/03

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Warren P. Williamson, III	4201 Gulfshore Blvd., #1506	Naples, Florida 34103
MGR	Ray S. Tittle, Jr.	10 Shore Drive, Dune Acres	Chesterton, IN 46304
MGR	William J. Christy	216 Bayshore Circle	Venice, Florida 34792
MGR	Albert H. Christy	20 Oakdale Farm Drive	Edmond, OK 73013
REINSTATEMENT 02-03			

11. I certify that I am managing member, manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of  
Managing Member/Manager

*Albert H. Christy*

Date

2-6-04

Daytime Phone #

Typed or printed name of signing Managing Member/Manager