PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
2004 NOV 17 A 10:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M03000003983

1. Limited Liability Company's Name
Orthopedic Billing Associates, LLC

2. Principal Office Address	3. Mailing Office Address
7200 North State Highway 161	7200 North State Highway 161
Suite, Apt. #, etc. Suite 210	Suite, Apt. #, etc. Suite 210
City & State Irving, Texas	City & State Irving, Texas
Zip 75039 Country USA	Zip 75039 Country USA

4. State/Country of Formation: Texas

5. Date Organized or Qualified To Do Business in Florida: December 2, 2003

6. FEI Number: 13-4266050 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent

Name: Dawn Bailey
Street Address (P.O. Box Number is Not Acceptable): 1890 State Road 436
Suite, Apt. #, Etc.: Suite 293
City: Winter Park State: FL Zip Code: 32792

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: Dawn Bailey REGISTERED AGENT MUST SIGN Date: 11-16-04

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Steve House	7200 North State Highway 161, Suite 210	Irving, Texas 75039
MGR	John House	7200 North State Highway 161, Suite 210	Irving, Texas 75039

REINSTATEMENT 03

FL 1

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 608.408, 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: Steve House Date: 11/16/04 Daytime Phone # _____

Typed or printed name of signing Managing Member/Manager: Steve House