

# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # M03000003983

1. Entity Name  
ORTHOPEDIC BILLING ASSOCIATES, LLC



RECEIVED  
DIVISION OF STATE  
REGISTRARS  
05 DEC 13 AM 9:23

Principal Place of Business  
7200 NORTH STATE HIGHWAY 161  
SUITE 210  
IRVING, TX 75039

Mailing Address  
7200 NORTH STATE HIGHWAY 161  
SUITE 210  
IRVING, TX 75039

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10112005 REIN-LLC CR2E101 (6/04)

4. FEI Number  
13-4266050

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent --

7. Name and Address of New Registered Agent

BAILEY, DAWN  
1890 STATE ROAD 436  
WINTER PARK, FL 32792

Name

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

City

FL

Zip Code

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 *[Signature]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

11-15-05

**FILE NOW!!! FEE IS \$50.00**  
**After January 1, 2006, 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**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
HOUSE, STEVE  
7200 NORTH STATE HIGHWAY 161, SUITE 210  
IRVING, TX 75039 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition  
200062119142  
12/13/05--01042--002 \*\*50.00

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
HOUSE, JOHN  
7200 NORTH STATE HIGHWAY 161, SUITE 210  
IRVING, TX 75039 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition  
REINSTATEMENT 2005

TITLE  
NAME  
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CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

12-6-05

214-574-5777