2010 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Feb 12, 2010
Secretary of State

DOCUMENT# P00000080737

Entity Name: ORTHOPEDIC SPECIALTY CARE CENTER, P.A.

Current Principal Place of Business:

3501 HEALTH CENTER BOULEVARD
STE 2140
BONITA SPRINGS, FL 34135

New Principal Place of Business:

24231 WALDEN CENTER DRIVE
STE 201
BONITA SPRINGS, FL 34134

Current Mailing Address:

3501 HEALTH CENTER BOULEVARD
STE 2140
BONITA SPRINGS, FL 34135

New Mailing Address:

24231 WALDEN CENTER DRIVE
STE 201
BONITA SPRINGS, FL 34134

FEI Number: 59-3667470 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BERETTA, ALDO R MD
3501 HEALTH CENTER BLVD
STE 2140
BONITA SPRINGS, FL 34135 US

Name and Address of New Registered Agent:

BERETTA, ALDO R MD
24231 WALDEN CENTER DRIVE
STE 201
BONITA SPRINGS, FL 34134 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: ALDO R. BERETTA 02/12/2010
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
Name: BERETTA, ALDO R M.D.
Address: 24231 WALDEN CENTER DRIVE SUITE 201
City-St-Zip: BONITA SPRINGS, FL 34134

I hereby 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 all other like empowered.

SIGNATURE: ALDO R. BERETTA D 02/12/2010
Electronic Signature of Signing Officer or Director Date