

P000000 898 96

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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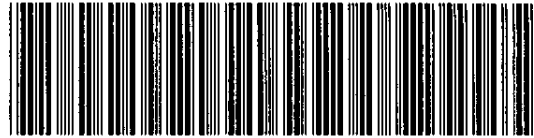
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
ALABAMA

AUG 14 2015
C. CARROthers

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Orthopedic Solutions, Inc
Name of Corporation

DOCUMENT NUMBER: P00000089896

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tina Aaron
Name of Contact Person

Orthopedic Solutions, Inc
Firm/Company

5601 Powerline Rd # 102-103
Address

Ft. Lauderdale, FL 33309
City/State and Zip Code

tina.aaron@stryker.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tina Aaron at (954) 489-2321 x 237
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR
BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Orthopedic Solutions, Inc.

2. The principal office address: 5601 Powerline Road #102-103
Ft. Lauderdale, Fl 33309

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 09/25/2000 Document number: P0000000 89896

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

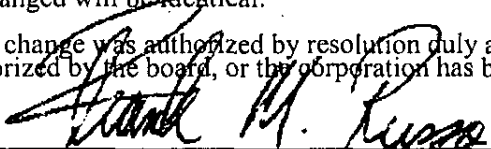
Russo, Frank
505 NW 65 Ct #102
Fort Lauderdale, Fl 33309

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Same Agent
5601 Powerline Road #102-103
P.O. Box NOT acceptable
Ft. Lauderdale, Fl 33309

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Frank M Russo
Printed or typed name and title President

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Signature of Registered Agent

Date

If signing on behalf of an entity:

Typed or Printed Name

*** FILING FEE: \$35.00 ***