2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Dec 09, 2005
Secretary of State

DOCUMENT# P03000082548

Entity Name: ORTHOPAEDIC ASSOCIATES USA, P.A.

Current Principal Place of Business:

350 N. PINE ISLAND
FORT LAUDERDALE, FL 33324

New Principal Place of Business:

Current Mailing Address:

350 N. PINE ISLAND
FORT LAUDERDALE, FL 33324

New Mailing Address:

FEI Number: 20-0127825 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BAYLIS, ROBERT
350 N. PINE ISLAND
FORT LAUDERDALE, FL 33324 US

Name and Address of New Registered Agent:

AMERICAN INFORMATION SERVICES, INC.
ONE S.E. THIRD AVENUE
28TH FLOOR
MIAMI, FL 33131 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: ROSA WONG, ASSISTANT SECRETARY 12/09/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BAYLIS, ROBERT
Address: 350 N. PINE ISLAND
City-St-Zip: FORT LAUDERDALE, FL 33324

Title: D ( ) Delete
Name: KLEIMAN, RICHARD
Address: 350 N. PINE ISLAND
City-St-Zip: FORT LAUDERDALE, FL 33324

Title: D ( ) Delete
Name: BROWN, CHRISTOPHER
Address: 350 N. PINE ISLAND
City-St-Zip: FORT LAUDERDALE, FL 33324

Title: D (X) Delete
Name: KLEIMAN, GARY
Address: 350 N. PINE ISLAND
City-St-Zip: FORT LAUDERDALE, FL 33324

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: BAYLIS, ROBERT
Address: 350 N. PINE ISLAND
City-St-Zip: FORT LAUDERDALE, FL 33324

Title: DP (X) Change ( ) Addition
Name: BROWN, CHRISTOPHER
Address: 350 N. PINE ISLAND
City-St-Zip: FORT LAUDERDALE, FL 33324

Title: D (X) Change ( ) Addition
Name: KELMAN, GARY
Address: 350 N. PINE ISLAND
City-St-Zip: FORT LAUDERDALE, FL 33324

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CHRISTOPHER BROWN D 12/09/2005
Electronic Signature of Signing Officer or Director Date