

PO4000067785

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

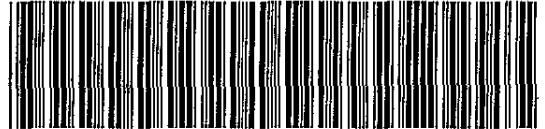
(Business Entity Name)

(Document Number)

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04 NOV -1 AM 10:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Amend*  
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**COVER LETTER**

**TO: Amendment Section  
Division of Corporations**

**NAME OF CORPORATION:** ORTHOVATIONS, INC

**DOCUMENT NUMBER:** P04000067785

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

DAVID J. ROESSLER  
(Name of Contact Person)

ORTHOVATIONS, INC  
(Firm/ Company)

5418 BIRCHBEND LOOP  
(Address)

OVIEDO, FL 32765  
(City/ State/ and Zip Code)

For further information concerning this matter, please call:

DAVID J. ROESSLER at ( 407 ) 677-0110  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input checked="" type="checkbox"/> \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
|--|---|--|---|

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

**Street Address**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

Articles of Amendment  
to  
Articles of Incorporation  
of

04 NOV - 1 AM 10:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

ORTHOVATIONS, INC

(Name of corporation as currently filed with the Florida Dept. of State)

PO4000067785

(Document number of corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**NEW CORPORATE NAME (if changing):**

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")  
(A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")

**AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE)** Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

ARTICLE VII - CHANGE OF OFFICERS - TITLE: P

DAVID J. ROESSLER

5418 BIRCHBENIO LOOP  
OVIECO, FL 32765

TITLE: S/T

CHRISTOPHER D. BERTIN

5418 BIRCHBENIO LOOP  
OVIECO, FL 32765

ARTICLE II - PLACE OF BUSINESS ADDRESS - 5418 BIRCHBENIO LOOP  
AND MAILING ADDRESS OVIECO, FL 32765

ARTICLE V - NAME & FL STREET ADDRESS - DAVID J. ROESSLER  
OF REGISTERED AGENT 5418 BIRCHBENIO LOOP  
OVIECO, FL 32765

(Attach additional pages if necessary)

If an amendment provides for exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

(continued)

The date of each amendment(s) adoption: OCTOBER 25, 2004


Effective date if applicable: OCTOBER 25, 2004  
(no more than 90 days after amendment file date)

**Adoption of Amendment(s) (CHECK ONE)**

- The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):  

"The number of votes cast for the amendment(s) was/were sufficient for approval by \_\_\_\_\_"  
(voting group)
- The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
- The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Signed this 25th day of October, 2004

Signature   
(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

DAVID J. RUESSLER  
(Typed or printed name of person signing)

PRESIDENT  
(Title of person signing)

**FILING FEE: \$35**

**EXHIBIT A**

October 25, 2004

Florida Department of State  
409 E. Gaines Street  
P.O. Box 6327  
Division of Corporations  
Tallahassee, FL 32399

Orthovations, Inc.  
5418 Birchbend Loop  
Oviedo, FL 32765

Dear Division of Corporations,

Please find the attached completed forms to amend the articles of incorporation for ORTHOVATIONS, INC (Document Number: P04000067785).

Furthermore, per the Department of the State Official's instructions find the following change below for the registered agent of ORTHOVATIONS, INC.

Current Registered Agent and Office on File with the Florida Department of State:

Dipak A. Rajhansa  
2848 Aloma Lakes Run  
Oviedo, FL 32765

New Registered Agent and Office:

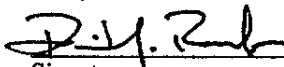
David J. Roessler  
5418 Birchbend Loop  
Oviedo, FL 32765

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

DAVID J. ROESSLER  
Printed: David J. Roessler, President

*I hereby accept the appointment as registered agent and agree to act in its 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.*

  
\_\_\_\_\_  
Signature

OCTOBER 25, 2004  
Date

I am signing of behalf of my own identity:

DAVID J. ROESSLER  
Printed: David J. Roessler, President

Enclosures: Check Payable to Florida Department of State in the amount of \$52.50 per State Official's Instructions.