

# **2012 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P04000131183

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** FLORIDA BONE AND JOINT CENTERS, INC

**Current Principal Place of Business:**

5048 STRAFFORD OAKS DR.  
SEBRING, FL 33875

**New Principal Place of Business:**

10 SKIDMORE ROAD  
WINTER HAVEN, FL 33884

**Current Mailing Address:**

5048 STRAFFORD OAKS DR.  
SEBRING, FL 33875

**New Mailing Address:**

10 SKIDMORE ROAD  
WINTER HAVEN, FL 33884

**FEI Number:** 20-1648286

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ALVAREZ, JUAN C  
5048 STRAFFORD OAKS DR.  
SEBRING, FL 33875 US

**Name and Address of New Registered Agent:**

ALVAREZ, JUAN C  
10 SKIDMORE ROAD  
WINTER HAVEN, FL 33884 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: JUAN C. ALVAREZ

04/30/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: ALVAREZ, JUAN C  
Address: 10 SKIDMORE ROAD  
City-St-Zip: WINTER HAVEN, FL 33884

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: JUAN C. ALVAREZ

P

04/30/2012

Electronic Signature of Signing Officer or Director

Date