2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000135260

Current Principal Place of Business:

Entity Name: OSTEOMAC, INC.

FILED Oct 05, 2006 Secretary of State

2733 NW 19TH ST POMPANO BCH, FL 33069	
Current Mailing Address:	New Mailing Address:
2733 NW 19TH ST POMPANO BCH, FL 33069	C/O PARAGON MEDICAL, INC 8 MATCHETT INDUSTRIAL PARK DR PIERCETON, IN 46562
FEI Number: 56-2481870 FEI Number Applied For () FEI	Number Not Applicable () Certificate of Status Desired ()
Name and Address of Current Registered Agent:	Name and Address of New Registered Agent:
MARTINEZ, RAFAEL A 9339 LAKE SERENA DR BOCA RATON, FL 33496 US	MCGILL, GARY D 8 MATCHETTE INDUSTRIAL PLACE PIERCETON, IN, FL 46562 US
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both,	

Title:

New Principal Place of Business:

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Electronic Signature of Registered Agent

Election Campaign Financing Trust Fund Contribution ().

() Delete

OFFICERS AND DIRECTORS:

SIGNATURE: GARY MCGILL

in the State of Florida.

Title:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition

10/05/2006

Date

MARTINEZ, RAFAEL A BUCK, TOBIAS W Name: Name: 9339 LAKE SERENA DR Address: 8 MATCHETT INDUSTRIAL PARK DR Address: City-St-Zip: POMPANO BCH, FL 33069 City-St-Zip: PIERCETON, IN 46562 Title: () Delete Title: (X) Change () Addition MARTINEZ, JAIME E Name: Name: MCGILL, GARY D 17 ROCHAMBEAU RD Address: 8 MATCHETT INDUSTRIAL PARK DR Address: POMPTON PLAINS, NJ 07444 PIERCETON, IN 46562 City-St-Zip: City-St-Zip: Title: () Change (X) Addition Title: () Delete Name: COLMAN, CORY D Name: 8 MATCHETT INDUSTRIAL PARK DR Address: Address City-St-Zip: City-St-Zip: PIERCETON, IN 46562 Title: () Delete Title: () Change (X) Addition MARTINEZ, JAÍME Name: Name: Address: Address: 50 DWIGHT PLACE City-St-Zip: City-St-Zip: FAIRFIELD, NJ

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: GARY MCGILL O 10/05/2006