2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000012160

Entity Name: FLORIDA ORTHOPEDIC SOLUTIONS, INC.

FILED Jan 31, 2007 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	RENADA ST LUCIE, FL 34				
Current Mailing Address:			New Mailing Address	New Mailing Address:	
	RENADA ST LUCIE, FL 34				
FEI Number:	20-2219429	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
	S, LOUIS AMPLE RD. PRINGS, FL 3	3605 US			
	named entity e of Florida.	submits this statement for the	purpose of changing its registered	d office or registered agent, or both,	
SIGNATUR	RE: ANDREV	VS LOUIS			
	Electro	nic Signature of Registered Aલ્	gent	Date	
		03(2)(b), F.S., the corporation did r g Trust Fund Contribution ().	not receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zin:	P (MIRANDA, PEI 561NW. GREN PORT ST. LUC	IADA ST.	Title: Name: Address: Citv-St-Zin:	() Change () Addition	

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: PEDRO MIRANDA P 01/31/2007