


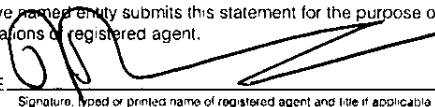
# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000043759			
1. Entity Name ORTHOPAEDIC REGIONAL BONE AND SPORTS MEDICINE, P.A.			
Principal Place of Business 9401 STATE ROAD 200 BUILDING 200 S#201 TIMBER RIDGE PROFESSIONAL CENTER OCALA, FL 34481		Mailing Address 9401 STATE ROAD 200 BUILDING 200 S#201 TIMBER RIDGE PROFESSIONAL CENTER OCALA, FL 34481	
2. Principal Place of Business - No P.O. Box # 4772 LONG BOW RD		3. Mailing Address 4772 LONG BOW RD AVE #370	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State JACKSONVILLE FL		City & State FT GORDON GA	
Zip 32210	Country USA	Zip 30905	Country USA

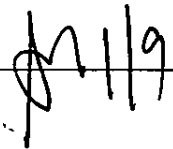
FILED  
08 DEC 31 PM 4:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA




REINSTATEMENT 08-09

8. Name and Address of Current Registered Agent ROURE, A. RAFAEL MD 9401 STATE ROAD 200 BUILDING 200 S#201 TIMBER RIDGE PROFESSIONAL CENTER OCALA, FL 34481		7. Name and Address of New Registered Agent Name: ROURE, A. RAFAEL MD Street Address (P.O. Box Number is Not Acceptable): 4772 LONG BOW RD City: JACKSONVILLE FL Zip Code: 32210	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE: 		DATE: 30 Dec 08 (904) 234 5297	

FILE NOW!!! FEE IS \$150.00 After January 1, 2009, Fee will be \$300.00	2008 & 2009	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES ROURE, A R MD 9401 SW HWY 200 SUITE 201 OCALA, FL 34481 <input checked="" type="checkbox"/> Delete ADDRESS CHANGE ONLY	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ROURE, A.R. MD 4772 LONG BOW RD JACKSONVILLE, FL 32210 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800139414578 01/05/09--01012--011 **308.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: 	DATE: 30 Dec 08 904 234 5297