

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000052234

FILED
Oct 16, 2008
Secretary of State

Entity Name: BAYSIDE ORTHOPAEDICS, INC.

Current Principal Place of Business:

7997 MERCANTILE STREET
UNIT 12
FT. MYERS, FL 33917

New Principal Place of Business:

Current Mailing Address:

7997 MERCANTILE STREET
UNIT 12
FT. MYERS, FL 33917

New Mailing Address:

FEI Number: 20-4672612

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOPEZ, E. JOHN
1819 MAIN STREET
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

F & L CORP
ONE INDEPENDENT DRIVE
SUITE 1300
JACKSONVILLE, FL 32202 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: MARTIN A. TRABER, VICE PRESIDENT
Electronic Signature of Registered Agent

10/16/2008
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BROWER, MATTHEW N
Address: 15860 GLENISLE WAY
City-St-Zip: FT MYERS, FL 33912

Title: D () Delete
Name: COOK, RONALD TODD
Address: 15860 GLENISLE WAY
City-St-Zip: FT MYERS, FL 33912

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: BROWER, MATTHEW N
Address: 7997 MERCANTILE STREET, UNIT 12
City-St-Zip: FT MYERS, FL 33917

Title: DCEO (X) Change () Addition
Name: COOK, RONALD TODD
Address: 7997 MERCANTILE STREET, UNIT 12
City-St-Zip: FT MYERS, FL 33917

I hereby certify that the information supplied with this filing does not qualify 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: MATTHEW N. BROWER
Electronic Signature of Signing Officer or Director

P
10/16/2008
Date