2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
May 01, 2008
Secretary of State

DOCUMENT# P06000118877

Entity Name: HOOSIER ORTHOPEDICS INC

Current Principal Place of Business:

710 EXECUTIVE CENTER DRIVE
#4-38
WEST PALM BEACH, FL 33401

New Principal Place of Business:

11017 LEGACY LANE
#305
PALM BEACH GARDENS, FL 33410

Current Mailing Address:

710 EXECUTIVE CENTER DRIVE
#4-38
WEST PALM BEACH, FL 33401

New Mailing Address:

11017 LEGACY LANE
#305
PALM BEACH GARDENS, FL 33410

FEI Number: 20-5548912 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PLOSZEK, CARTER
710 EXECUTIVE CENTER DRIVE
#4-38
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

PLOSZEK, CARTER
11017 LEGACY LANE
#305
PALM BEACH GARDENS, FL 33410 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: CARTER PLOSZEK 05/01/2008
Electronic Signature of Registered Agent 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: P ( ) Delete
Name: PLOSZEK, CARTER
Address: 710 EXECUTIVE CENTER DRIVE #4-38
City-St-Zip: WEST PALM BEACH, FL 33401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: PLOSZEK, CARTER
Address: 11017 LEGACY LANE
City-St-Zip: PALM BEACH GARDENS, FL 33410

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: CARTER PLOSZEK P 05/01/2008
Electronic Signature of Signing Officer or Director Date