2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000008619

Entity Name: ORTHOPAEDIC SURGICAL SOLUTIONS, INC.

FILED Dec 02, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
8306 MILLS	S DRIVE				
#178 MIAMI, FL	33183 US				
Current Mailing Address:			New Mailing Address	New Mailing Address:	
8306 MILLS	S DRIVE				
#178 MIAMI, FL	33183 US				
FEI Number:	20-8275261	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
PALMA, M 9631 SW 1 MIAMI, FL	23RD STREE	Т			
	named entity s e of Florida.	submits this statement for the p	ourpose of changing its registered	office or registered agent, or both,	
SIGNATUR	RE: MIRIAM C	PALMA			
	Electron	ic Signature of Registered Age	ent	Date	
		3(2)(b), F.S., the corporation did no g Trust Fund Contribution ().	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P,D () PALMA, MIRIAN 9631 SW 123R MIAMI, FL 331	D STREET	Title: Name: Address: City-St-Zip:	()Change ()Addition	

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: MIRIAM C PALMA P,D 12/02/2009