

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P97000095737

**FILED**  
**Nov 08, 2010**  
**Secretary of State**

**Entity Name:** DIPLOMAT ORTHOPAEDIC GROUP, P.A.

**Current Principal Place of Business:**

3990 SHERIDAN ST  
SUITE 214  
HOLLYWOOD, FL 33021

**New Principal Place of Business:**

10600 GRIFFIN ROAD  
SUITE 104-A  
COOPER CITY, FL 33328

**Current Mailing Address:**

3990 SHERIDAN ST  
SUITE 214  
HOLLYWOOD, FL 33021

**New Mailing Address:**

10600 GRIFFIN ROAD  
SUITE 104-A  
COOPER CITY, FL 33328

**FEI Number:** 65-0832033

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LANGONE, MICHAEL A MD  
3990 SHERIDAN STREET  
SUITE 214  
HOLLYWOOD, FL 33021 US

**Name and Address of New Registered Agent:**

LANGONE, MICHAEL A MD  
10600 GRIFFIN ROAD  
SUITE 104-A  
COOPER CITY, FL 33328 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: MICHAEL A. LANGONE, M.D.

11/08/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: LANGONE, MICHAEL  
Address: 10600 GRIFFIN ROAD, SUITE 104-A  
City-St-Zip: COOPER CITY, FL 33328

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL A. LANGONE, M.D.

PRES

11/08/2010

Electronic Signature of Signing Officer or Director

Date