APPLICATION FOR REINSTATEMENT FOR LIMITED LIABILITY COMPANY

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

Z00338

FILED
97 NOV -5 AM 8:58
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company — DOCUMENT # Z00338

Tallahassee Orthopedic Center, L.C.
3334 Capital Medical Boulevard, Suite 400
Tallahassee, FL 32308

1a. Principal Place of Business Address
3334 Capital Medical Boulevard
Suite 400
Tallahassee, FL 32308

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | County

2a. Mailing Address
℅ Thomas W. Lager, Esq.
Suite, Apt. #, etc.
354 Office Plaza
City & State
Tallahassee, FL
Zip: 32301 | County: USA

3. Date Organized or Qualified: 01/25/91
3a. State of Formation: FL
4. FEI Number: 59-3062109 ☐ Applied For ☐ Not Applicable
5. Date of Last Report: 06/28/96
6. Certificate of Status Desired ☐

7. Name and Address of Current Registered Agent

Tom C. Haney, M.D.
3334 Capital Medical Boulevard
Suite 400
Tallahassee, FL 32308

8. Name and Address of New Registered Agent

Name: Thomas W. Lager, Esquire
Street Address (P.O. Box Number is Not Acceptable): 354 Office Plaza
Suite, Apt. #, etc.
City: Tallahassee FL Zip Code: 32301

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent — Date: 11/04/97

10. Title	Managing Members/Managers	Business Street Address	City, State & Zip Code
	Tom C. Haney, M.D.	3334 Capital Medical Boulevard, Suite 400	Tallahassee, FL 32308

200002343512--4
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****703.75 ****703.75

PENALTY - 500.00
AR - 100.00
AR SURP - 103.75
703.75

REINSTATEMENT 1997

MK

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager — Date: 11/04/97 — Daytime Phone #: (850) 878-4250

Typed or printed name of signing Managing Member/Manager

CR2EO41 10/97