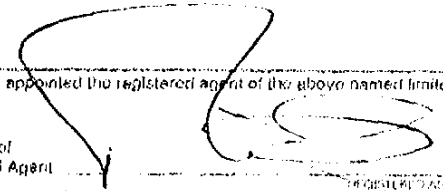
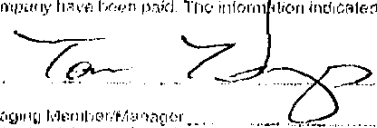


APPLICATION FOR REINSTATEMENT FOR LIMITED LIABILITY COMPANY		FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS		FILED 97 NOV -5 AM 8:58 SECRETARY OF STATE TALLAHASSEE FLORIDA	
Make Check Payable To: FLORIDA DEPARTMENT OF STATE					
1. Name and Mailing Address of Limited Liability Company Tallahassee Orthopedic Center, L.C. 3334 Capital Medical Boulevard, Suite 400 Tallahassee, FL 32308		DOCUMENT # 200338			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		2a. Mailing Address % Thomas W. Lager, Esq. 354 Office Plaza Tallahassee, FL 32301		3. Date Organized or Qualified 01/25/91	
3. Date of Last Report 06/28/96		3a. State of Formation FL		4. FET Number 59-3062109	
5. Date of Last Report 06/28/96		6. Certificate of Status Desired ☒ REINSTATEMENT		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 Zip Code FL 32301		D. 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 Member/Managers	Business Street Address 3334 Capital Medical Boulevard, Suite 400		City, State & Zip Code Tallahassee, FL 32308		
PEMATT- 500.00 AR - 100.00 AR SWP- 103.75 703.75		REINSTATEMENT 1997 			
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 annulled, the limited liability company name satisfies the requirements of section 608.408, 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					