

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# Z00338

FILED
Oct 11, 2005
Secretary of State

Entity Name: TALLAHASSEE ORTHOPEDIC CENTER, L.C.

Current Principal Place of Business:

3334 CAPITAL MEDICAL BLVD., SUITE 400
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

3334 CAPITAL MEDICAL BLVD., SUITE 400
TALLAHASSEE, FL 32308

New Mailing Address:

FEI Number: 59-3062109 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

TARDI, KELBY H
3334 CAPITAL MEDICAL BLVD.. SUITE 400
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

TARDI, KELBY H CPA
3334 CAPITAL MEDICAL BLVD.. SUITE 400
TALLAHASSEE, FL 32308 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: KELBY H. TARDI, CPA

10/11/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HANEY, TOM C M.D.
Address: 3334 CAPITAL MEDICAL BOULEVARD, SUITE 400
City-St-Zip: TALLAHASSEE, FL 32308

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: TOM C HANEY, M.D.

MGRM

10/11/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date