2016 FLORIDA PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 601799

FILED
Oct 03, 2016
Secretary of State
CR2558120936

Entity Name: ORTHOPAEDIC CLINIC OF DAYTONA BEACH, P.A.

Current Principal Place of Business:

1075 MASON AVENUE
DAYTONA BEACH, FL 32117

Current Mailing Address:

1075 MASON AVENUE
DAYTONA BEACH, FL 32117

FEI Number: 59-1281292

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GILLESPY, ALBERT WM.D.
1075 MASON AVE.
DAYTONA BEACH, FL 32117 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: ALBERT W. GILLESPY, M.D. 10/03/2016

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	VD
Name	MARTIN, JEFFREY W DR.
Address	1075 MASON AVENUE
City-State-Zip:	DAYTONA BEACH FL 32117

Title	VD
Name	MCCALL, TODD A DR.
Address	1075 MASON AVENUE
City-State-Zip:	DAYTONA BEACH FL 32117

Title	VD
Name	GOTTLICH, MALCOLM D M.D.
Address	1075 MASON AVE
City-State-Zip:	DAYTONA BEACH FL 32117

Title	SD
Name	BRYAN, JAMES M M.D.
Address	1075 MASON AVE
City-State-Zip:	DAYTONA BEACH FL 32117

Title	PD
Name	GILLESPY, ALBERT W M.D.
Address	1075 MASON AVE
City-State-Zip:	DAYTONA BCH FL 32117

Title	VD
Name	GILLESPY, MARK C M.D.
Address	1075 MASON AVE
City-State-Zip:	DAYTONA BEACH FL 32117

Title	TD
Name	HATTEN, BRIAN R MD
Address	1075 MASON AVE
City-State-Zip:	DAYTONA BEACH FL 32117

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: GILLESPY , ALBERT W , M.D. PRESIDENT 10/03/2016

Electronic Signature of Signing Officer/Director Detail — Date