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DESCRIPTION ANNUAL REPORT OF PROFESSIONAL CORP (94A)

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NSI ATTN: TENA LUMPKINS 145 BAKER STREET MARION, OH 43302

STATE OF OHIO

CERTIFICATE

Ohio Secretary of State, Jennifer Brunner

566276

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

ORTHOPEDIC RECONSTRUCTIVE SURGERY, INC.

and, that said business records show the filing and recording of:

Document(s)

Document No(s):

ANNUAL REPORT OF PROFESSIONAL CORP

200928000774



United States of America State of Ohio Office of the Secretary of State Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 22nd day of September, A.D. 2009.

Ohio Secretary of State



Form 520 Prescribed by the: Ohio Secretary of State

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of Professional Corporation (102-YRA)	of Limited Liability Partnership (103-YRL)
(even-numbered years)	(odd-numbered years)
List Profession orthopedic surgery	If foreign limited liability partnership, provide
-	jurisdiction of formation
Name of Fusite Outhonodia Reconstructi	ivo Curmone Ino
Name of Entity Orthopedic Reconstructi	ve Surgery, Inc.
Charter or Registration Number 566276	
· · · · · · · · · · · · · · · · · · ·	
Complete the information in this section if box (1) is	s checked
	
Shareholders of Professional Corporation	
Authenticating this form constitutes a certification that a	all of the below listed shareholders are duly licensed or
otherwise legally authorized to render the professional	services in this state in the profession that is listed above.
Name	Address
Dr. Kenneth Pohl	5692 Far Hills Ave #4
	Dayton OH 45429
	Day(011 011 43429
1	

Form 520

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Last Revised: 12/01/2008

	n this section if box (2) is checked		■ nk u
ddress of the partnership's	chief executive office:		
Mailing Address			
City	5	State	Zip Code
the chief executive office is	not in Ohio, the address of any office	of the par	tnership in Ohio:
Mailing Address			
		Ohio	
City	S	State	Zip Code
Name of Agent		· · · · · · · · · · · · · · · · · · ·	
·			
Name of Agent		Ohlo	Zip Code
Name of Agent Mailing Address City	ς ξ dividual using a P.O. Box, check thi	State	,

Form 520

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Last Revised: 12/01/2008