

DATE: 10/07/2009 DOCUMENT ID 200928000780

DESCRIPTION ANNUAL REPORT OF PROFESSIONAL CORP (97A)

FILING 25.00 EXPED .00

PENALTY .00 CERT

COPY

Receipt

This is not a bill. Please do not remit payment.

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):

200928000780

Document(s)

ANNUAL REPORT OF PROFESSIONAL CORP



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

Central Ohio: (614) 466-3910 Toll Free: (877) SOS-FILE (767-3453)

www.sos.state.oh.us Busserv@sos.state.oh.us

Expedite this form: (select one) Mail form to one of the following:

PO Box 1390
Columbus, OH 43216
*** Requires an additional fee of \$100 ***

O Non Expedite PO Box 788 Columbus, OH 43216

BIENNIAL REPORT Filing Fee: \$25

| (CHECK ONLY ONE (1) BOX) | |
|---|---|
| (even-numbered years) Diennial Report (102-YRA) | (2) (indicate year) Biennial Report of Limited Liability Partnership (103-YRL) (odd-numbered years) |
| List Profession <u>orthopedic surgery</u> | If foreign limited liability partnership, provide jurisdiction of formation |
| Name of Entity Orthopedic Reconstructive | e Surgery, Inc. |
| Charter or Registration Number 566276 | · |
| Complete the information in this section if box (1) is Shareholders of Professional Corporation Authenticating this form constitutes a certification that all otherwise legally authorized to render the professional sec | of the below listed shareholders are duly licensed or |
| | Dayton OH 45429 |
| | |
| | |
| | |

Form 520

Page 1 of 3

Last Revised: 12/01/2008

| ess of the partnership's cl | hief executive office: | | |
|--|---|--|--|
| Mailing Address | | | |
| City | | State | Zip Code |
| e chief executive office is | not in Ohio, the address of ar | ny office of the par | tnership in Ohio: |
| Mailing Address | | · | |
| | | Ohio | |
| City | | State | Zip Code |
| | ve an office in Ohlo, the name | e and address of t | he partnership's |
| ent agent for service of pr | | e and address of t | he partnership's |
| ent agent for service of pr | | e and address of t | he partnership's |
| nt agent for service of pr | | | he partnership's Zip Code |
| Name of Agent Mailing Address City | ocess: dividual using a P.O. Box, c | Ohio State | Zip Code |
| Name of Agent Name of Agent Mailing Address City If the agent is an ineagent is an Ohio research and Submitting this | dividual using a P.O. Box, o | Ohio State check this box to | Zip Code |
| Name of Agent Name of Agent Mailing Address City If the agent is an incagent is an Ohio resisting and submitting this he has the requisite authorous agent is an Ohio agent is an Ohio resisting and submitting this he has the requisite authorous agent is an Ohio agent is an Ohio resisting and submitting this he has the requisite authorous agent is an Ohio agent in the original agent in the original agent is an Ohio agent in the original agent in the origin | dividual using a P.O. Box, o | Ohio State check this box to of State, the under | Zip Code confirm that the |
| Name of Agent Name of Agent Mailing Address City If the agent is an incagent is an Ohio resisting and submitting this he has the requisite authority | dividual using a P.O. Box, of sident. Is form to the Ohio Secretary or to execute this document of the Signature | Ohio State check this box to of State, the under | Zip Code confirm that the rsigned hereby certifies that he |
| Name of Agent Name of Agent Mailing Address City If the agent is an incagent is an Ohio resisting and submitting this he has the requisite authority and the property of t | dividual using a P.O. Box, of sident. s form to the Ohio Secretary prity to execute this document. | Ohio State check this box to of State, the under | Zip Code confirm that the rsigned hereby certifies that he |

Form 520

Page 2 of 3

Last Revised: 12/01/2008