

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000089907

FILED
Oct 13, 2004
Secretary of State

Entity Name: SUNSHINE STATE SURGICAL SPECIALISTS, P.A.

Current Principal Place of Business:

C/O H. JOHN FELDMAN, ESQ.
215 NORTH JOANNA AVE.
TAVARES, FL 32778

New Principal Place of Business:

1879 NIGHTINGALE LANE
B3
TAVARES, FL 32778

Current Mailing Address:

845 82ND PARKWAY
MYRTLE BEACH, SC 29573

New Mailing Address:

P. O. BOX 547
TAVARES, FL 32778

FEI Number: 02-0702706

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FELDMAN, H. JOHN
215 NORTH JOANNA AVE.
TAVARES, FL 32778 US

Name and Address of New Registered Agent:

BJERKEN, DAVID MD
1879 NIGHTINGALE LANE
B3
TAVARES, FL 32778 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: DAVID BJERKEN, M.D.

10/13/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BJERKEN, DAVID
Address: 845 82ND PARKWAY
City-St-Zip: MYRTLE BEACH, SC 29572

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BJERKEN, DAVID MD
Address: 1879 NIGHTINGALE LANE
City-St-Zip: TAVARES, FL 32778

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 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 an address, with all other like empowered.

SIGNATURE: DAVID BJERKEN, MD

D

10/13/2004

Electronic Signature of Signing Officer or Director

Date