

2004 FOR PROFIT CORPORATION REINSTATEMENT

**FILED
Oct 19, 2004
Secretary of State**

DOCUMENT# L70766

Entity Name: SARASOTA SURGICAL SPECIALISTS, P.A.

Current Principal Place of Business:

SARASOTA SURGICAL SPECIALIST
1921 WALDEMERE STREET STE 705
SARASOTA, FL 34239 US

New Principal Place of Business:

Current Mailing Address:

SARASOTA SURGICAL SPECIALIST
1921 WALDEMERE STREET STE 705
SARASOTA, FL 34239 US

New Mailing Address:

FEI Number: 65-0189869 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NORA MD, JOHN D
1021 WALDEMERE STREET
STE #705
SARASOTA, FL 34239 US

Name and Address of New Registered Agent:

NORA MD, JOHN D
1921 WALDEMERE STREET
STE #705
SARASOTA, FL 34239 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: JOHN D. NORA M.D. 10/19/2004
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: P () Delete
Name: NOVAK, RUSSELL
Address: 1921 WALDEMERE ST STE 705
City-St-Zip: SARASOTA, FL

Title: VP () Delete
Name: BOWERS, BERT A
Address: 1921 WALDEMERE ST STE 705
City-St-Zip: SARASOTA, FL

Title: VP () Delete
Name: NORA MD, JOHN D
Address: 1921 WALDEMERE ST, #705
City-St-Zip: SARASOTA, FL

Title: S () Delete
Name: FOGLEMAN MD, JAMES H
Address: 1921 WALDEMERE STREET, #705
City-St-Zip: SARASOTA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 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: RUSSELL W. NOVAK, M.D. PRES 10/19/2004
Electronic Signature of Signing Officer or Director Date