

2004 FOR PROFIT CORPORATION REINSTATEMENT

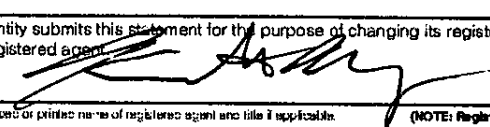
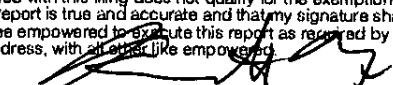
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

DOCUMENT # 487797					
1. Entity Name WING SURGICAL, P.A.					
Principal Place of Business 309 N MANGOUSTINE AVE SANFORD, FL 32771			Mailing Address 309 N MANGOUSTINE AVE SANFORD, FL 32771		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-1623959	
6. Name and Address of Current Registered Agent WING, KENNETH M 309 N MANGOUSTINE AVE SANFORD, FL 32771				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with and accept the obligations of registered agent.					
SIGNATURE  DATE 10/18/04					
FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D WING, KENNETH M 309 N MANGOUSTINE AVE SANFORD, FL 00000 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST- ZIP	☐ Change ☐ Addition 70004206424 10/21/04--01033--008 ***150.00	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	PST WING, KENNETH M 309 N MANGOUSTINE AVE SANFORD, FL 00000 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST- ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST- ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST- ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 and changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  DATE 10/18/04					