

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# F06000006098

**FILED**  
**Nov 05, 2010**  
**Secretary of State**

**Entity Name:** SURGICAL OUTCOME SUPPORT, INC.

**Current Principal Place of Business:**

600 HERITAGE DRIVE  
SUITE 110  
JUPITER, FL 33458

**New Principal Place of Business:**

**Current Mailing Address:**

600 HERITAGE DRIVE  
SUITE 110  
JUPITER, FL 33458

**New Mailing Address:**

**FEI Number:** 20-5358832

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

REED, MICHAEL  
600 HERITAGE DRIVE  
SUITE 110  
JUPITER, FL 33458 US

**Name and Address of New Registered Agent:**

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:** MICHAEL REED

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** PCEO  
**Name:** REED, MICHAEL  
**Address:** 600 HERITAGE DR, STE 110  
**City-St-Zip:** JUPITER, FL 33458

**Title:** D  
**Name:** FREDERICKSON, TUCKER  
**Address:** 600 HERITAGE DR, STE 110  
**City-St-Zip:** JUPITER, FL 33458

**Title:** D  
**Name:** SHUTER, DAVID  
**Address:** 600 HERITAGE DR, STE 110  
**City-St-Zip:** JUPITER, FL 33458

I hereby 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 all other like empowered.

**SIGNATURE:** MICHAEL REED

CEO

11/05/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date