


2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # K32646 1. Entity Name VALLEJO SURGICAL, INC.	
-----------------------------------------------------------------------------	-----------------------------------------------------------------------------------

FILED
07 OCT 17 PM 12:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

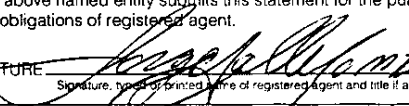
Principal Place of Business HALEADH MEDICAL PLAZA 777 EAST 25TH STREET SUITE 203 HIALEAH, FL 33013 US	Mailing Address HALEADH MEDICAL PLAZA 777 EAST 25TH STREET SUITE 203 HIALEAH, FL 33013 US
-------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------

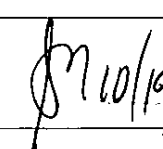
2. Principal Place of Business - No P.O. Box # 1219 LEEWARD WAY Suite, Apt. #, etc.	3. Mailing Address 1219 LEEWARD WAY Suite, Apt. #, etc.
--------------------------------------------------------------------------------------------------	----------------------------------------------------------------------

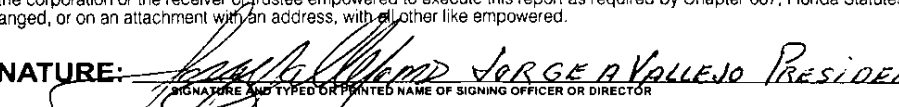
City & State WESTON, FL Zip 33327-2304 Country US	City & State WESTON, FL Zip 33327-2304 Country US
------------------------------------------------------------------------------------	------------------------------------------------------------------------------------



4. FEI Number 65-0070657	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VALLEJO, JORGE A HIALEAH MEDICAL PLAZA 777 E 25TH STREET SUITE 023 HIALEAH, FL 33013	
7. Name and Address of New Registered Agent Name VALLEJO, JORGE A. Street Address (P.O. Box Number is Not Acceptable) 1219 LEEWARD WAY City WESTON FL Zip Code 33327	

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  Signature, typed or printed name of registered agent and title if applicable.	DATE Oct 13/07 (NOTE: Registered Agent signature required when reinstating)
FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VALLEJO, JORGE 4765 W. 8TH AVE HIALEAH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VALLEJO, JORGE 1219 LEEWARD WAY WESTON, FL 33327 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500110805245 10/17/07--01058--008 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Oct 13/07 Daytime Phone #