2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Sep 29, 2009
Secretary of State

DOCUMENT# L07000049156

Entity Name: FLORIDA LAKES SURGICAL, PLLC

Current Principal Place of Business:

3750 EMERGENCY LANE
SUITE 3
SEBRING, FL 33870

New Principal Place of Business:

917 MALL RING ROAD
SEBRING, FL 33872

Current Mailing Address:

3750 EMERGENCY LANE
SUITE 3
SEBRING, FL 33870

New Mailing Address:

917 MALL RING ROAD
SEBRING, FL 33872

FEI Number: 20-8995750 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

LACKEY, THOMAS C II
3750 EMERGENCY LANE
SUITE 3
SEBRING, FL 33870 US

Name and Address of New Registered Agent:

LACKEY, THOMAS C II
917 MALL RING ROAD
SEBRING, FL 33872 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: THOMAS C. LACKEY, II 09/29/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: LACKEY, THOMAS CARROLL C II
Address: 3750 EMERGENCY LANE
City-St-Zip: SEBRING, FL 33870

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: LACKEY, THOMAS CARROLL C II
Address: 917 MALL RING ROAD
City-St-Zip: SEBRING, FL 33872

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: THOMAS C. LACKEY, II MGR 09/29/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date