

# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000000111

FILED  
Nov 07, 2007  
Secretary of State

**Entity Name:** SILENT SURGERY EDUCATION AND ADVISEMENT, INC.

**Current Principal Place of Business:**

1860 VENETIAN POINT DR  
CLEARWATER, FL 33755

**New Principal Place of Business:**

305 SPRING COURT  
CLEARWATER, FL 33755

**Current Mailing Address:**

1860 VENETIAN POINT DR  
CLEARWATER, FL 33755

**New Mailing Address:**

305 SPRING COURT  
CLEARWATER, FL 33755

**FEI Number:** 01-0361978      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

ANDRIAN-BLACKSTONE, JAMIE  
1860 VENETIAN POINT DR  
CLEARWATER, FL 33755      US

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

ANDRIAN-BLACKSTONE, JAMIE  
305 SPRING  
CLEARWATER, FL 33755      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: JAMIE ANDRIAN-BLACKSTONE

11/07/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: SOSIN, ALLEN E  
Address: 16100 SAN CANYON AVE SUITE 240  
City-St-Zip: IRVINE, CA 92618

Title: D      ( ) Delete  
Name: URBANEK, ANTHONY P  
Address: 227 WINDWARD PASSAGE  
City-St-Zip: CLEARWATER BEACH, FL 33767

Title: D      ( ) Delete  
Name: REICHEL, BERNARD  
Address: 1799 N HIGHLAND AVE APT K183  
City-St-Zip: CLEARWATER, FL 33755

**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:

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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMIE ANDRIAN-BLACKSTONE

RA

11/07/2007

Electronic Signature of Signing Officer or Director

Date