

# **2010 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N05000000111

**FILED**  
**Sep 29, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

305 SPRING COURT  
CLEARWATER, FL 33755

**New Principal Place of Business:**

**Current Mailing Address:**

305 SPRING COURT  
CLEARWATER, FL 33755

**New Mailing Address:**

**FEI Number:** 01-0361978

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

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

ANDRIAN-BLACKSTONE, JAMIE  
305 SPRING COURT  
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

09/29/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

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

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

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

SIGNATURE: JAMIE ANDRIAN BLACKSTONE

E.D.

09/29/2010

Electronic Signature of Signing Officer or Director

Date