



2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N99000003005 1. Entity Name SOUTHERN SURGICAL GROUP, INC.						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 06 OCT 20 PM 4:43					
Principal Place of Business 1318 OAK ST MELBOURNE, FL 32901				Mailing Address 1318 OAK ST MELBOURNE, FL 32901				REINSTATEMENT c6			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.							
City & State				City & State							
Zip		Country		Zip		Country					
4. FEI Number 59-3580939				Applied For <input type="checkbox"/> Not Applicable				10132006 REIN-NP CR2E099 (11/05)			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required							
6. Name and Address of Current Registered Agent WARREN, DAVID D 1318 OAK ST MELBOURNE, FL 32901						7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code					
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 <u>Sheila D. Newton</u> 10.13.06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>											
FILE NOW!!! FEE IS \$61.25 After January 1, 2007, Fee will be \$122.50				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.				Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS											
TITLE	D	<input type="checkbox"/> Delete	200081083322 10/20/06--01065--007 ***61.25								
NAME	WARREN, DAVID D										
STREET ADDRESS CITY-ST-ZIP	1318 OAK ST MELBOURNE, FL 32901										
TITLE	D	<input type="checkbox"/> Delete									
NAME	NEWTON, SHIELA D										
STREET ADDRESS CITY-ST-ZIP	1318 OAK ST MELBOURNE, FL 32901										
TITLE	D	<input type="checkbox"/> Delete									
NAME	WARREN, BONNIE J										
STREET ADDRESS CITY-ST-ZIP	1318 OAK ST MELBOURNE, FL 32901										
TITLE		<input type="checkbox"/> Delete									
NAME											
STREET ADDRESS CITY-ST-ZIP											
TITLE		<input type="checkbox"/> Delete									
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STREET ADDRESS CITY-ST-ZIP											
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STREET ADDRESS CITY-ST-ZIP											
TITLE		<input type="checkbox"/> Delete									
NAME											
STREET ADDRESS CITY-ST-ZIP											
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10											
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition									
NAME											
STREET ADDRESS CITY-ST-ZIP											
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition									
NAME											
STREET ADDRESS CITY-ST-ZIP											
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition									
NAME											
STREET ADDRESS CITY-ST-ZIP											
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition									
NAME											
STREET ADDRESS CITY-ST-ZIP											
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 617, 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: <u>Sheila D. Newton</u> 10.13.06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #</small>											