2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Dec 07, 2009
Secretary of State

DOCUMENT# P00000013879

Entity Name: SOUTH FLORIDA NEUROSURGICAL INSTITUTE, INC.

Current Principal Place of Business:

16800 NW 2ND AVE.
SUITE 308
N. MIAMI BEACH, FL 331695549 US

New Principal Place of Business:

1201 SOUTH ANDREWS AVENUE
SUITE 200
FORT LAUDERDALE, FL 33316 US

Current Mailing Address:

16800 NW 2ND AVE.
SUITE 308
N. MIAMI BEACH, FL 331695549

New Mailing Address:

1201 SOUTH ANDREWS AVENUE
SUITE 200
FORT LAUDERDALE, FL 33316 US

FEI Number: 65-0982713 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HALL, ANTHONY J MD,CM
16800 NW 2ND AVENUE
SUITE 308
NORTH MIAMI BEACH, FL 33169 US

Name and Address of New Registered Agent:

HALL, ANTHONY J MD,CM
1201 SOUTH ANDREWS AVENUE
SUITE 200
FORT LAUDERDALE, FL 33316 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: ANTHONY J HALL 12/07/2009
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: HALL, ANTHONY J MD,CM
Address: 16800 NW 2ND AVENUE, SUITE 308
City-St-Zip: NORTH MIAMI BEACH, FL 33169

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: HALL, ANTHONY J MD,CM
Address: 1201 SOUTH ANDREWS AVENUE,#200
City-St-Zip: FORT LAUDERDALE, FL 33316 US

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

SIGNATURE: ANTHONY J HALL P 12/07/2009
Electronic Signature of Signing Officer or Director Date