

2011 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P01000068792

FILED
Jan 11, 2011
Secretary of State

Entity Name: PHYSICIAN'S CHOICE SURGERY CENTER CONSULTANTS, INC.

Current Principal Place of Business:

1435 DIVISION AVE.
OCOE, FL 34761

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1547
WINDERMERE, FL 34786

New Mailing Address:

FEI Number: 59-3732055

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUNTER, PATRICK T II
226 WEST MICHIGAN ST
ORLANDO, FL 32806 US

Name and Address of New Registered Agent:

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: PATRICK T. HUNTER II

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP
Name: HUNTER, PATRICK T II
Address: 226 WEST MICHIGAN ST.
City-St-Zip: ORLANDO, FL 32806

Title: DV
Name: ANDERSON, AXEL W IV
Address: 226 WEST MICHIGAN ST
City-St-Zip: ORLANDO, FL 32806

Title: DV
Name: COX, WILLIAM K
Address: 596 OCEE COMMERCE PKWY
City-St-Zip: OCOEE, FL 34761

Title: DV
Name: FLORIN, JORGE L
Address: 10000 W. COLONIAL DR., STE. 288
City-St-Zip: OCOEE, FL 34761

Title: DT
Name: NOWICKI, KEVIN
Address: 731 E. HWY. 50
City-St-Zip: CLERMONT, FL 34711

Title: DS
Name: SMITH, RICHARD C
Address: 10000 W. COLONIAL DR., STE. 496
City-St-Zip: OCOEE, FL 34761

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

SIGNATURE: PATRICK T. HUNTER II

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01/11/2011

Electronic Signature of Signing Officer or Director

Date