

# 2010 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P01000109380

FILED  
Feb 06, 2010  
Secretary of State

Entity Name: VENTURE ASC, INC.

**Current Principal Place of Business:**

16853 N.E. 2ND AVE STE 400  
NORTH MIAMI BEACH, FL 33162

**New Principal Place of Business:**

**Current Mailing Address:**

16853 N.E. 2ND AVE STE 400  
NORTH MIAMI BEACH, FL 33162

**New Mailing Address:**

FEI Number: 62-1648269      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

PEREZ, EULALIA  
16853 NE 2ND AVE  
SUITE 400  
NORTH MIAMI BEACH, FL 33162 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: EULALIA PEREZ

\_\_\_\_\_  
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: DR  
Name: CARP, MARC  
Address: 16853 N.E. 2ND AVE STE 400  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: DR  
Name: BLOOM, MICHAEL  
Address: 16853 N.E. 2ND AVE STE 400  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: DR  
Name: BASSAM, ISSAC  
Address: 16853 N.E. 2ND AVE STE 400  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: DR  
Name: GEDALLOVICH, MILTON  
Address: 16853 N.E. 2ND AVE STE 400  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: DR  
Name: SOUAID, GORDON  
Address: 16853 N.E. 2ND AVE STE 400  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: DR  
Name: NULLMAN, ANDREW  
Address: 16853 NE 2 AVE  
City-St-Zip: NMB, FL 33162

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: MARC CARP

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

D

02/06/2010

\_\_\_\_\_  
Date