2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Sep 28, 2005
Secretary of State

DOCUMENT# P02000026697

Entity Name: ISLANDS SURGICAL SERVICES, INC.

Current Principal Place of Business:

7700 NORTH KENDALL DRIVE, SUITE 405
MIAMI, FL 33156

New Principal Place of Business:

149 COLUMBUS DRIVE
ISLAMORADA, FL 33036

Current Mailing Address:

7700 NORTH KENDALL DRIVE, SUITE 405
MIAMI, FL 33156

New Mailing Address:

149 COLUMBUS DRIVE
ISLAMORADA, FL 33036

FEI Number: 04-3623388 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEITMAN, LORN
7700 NORTH KENDALL DRIVE, SUITE 405
MIAMI, FL 33156 US

Name and Address of New Registered Agent:

LEE, JAMES R
149 COLUMBUS DRIVE
ISLAMORADA, FL 33036 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: JAMES R. LEE 09/28/2005
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: PD ( ) Delete
Name: LEITMAN, LORN
Address: 791 CRANDON BLVD., SUITE 907
City-St-Zip: KEY BISCAYNE, FL 33145

Title: VPD ( ) Delete
Name: LEE, JAMES
Address: 149 COLUMBUS DR.
City-St-Zip: ISLAMORADA, FL 33036

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: LEE, JAMES
Address: 149 COLUMBUS DRIVE
City-St-Zip: ISLAMORADA, FL 33036

Title: VPD (X) Change ( ) Addition
Name: LEE, DIANE
Address: 149 COLUMBUS DR.
City-St-Zip: ISLAMORADA, FL 33036

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JAMES R. LEE PD 09/28/2005
Electronic Signature of Signing Officer or Director Date