FILED Jun 01, 2004 8:00 am Secretary of State

1. Entity Name MINIMALLY INVASIVE SURGERY, INC.						05-10-2004	1 90459 O	07 ***1	50.00
Principal Place of Business Mailing Address 1699 E OAKLAND PARK BLVD 1699 E OAKLAND PARK BFT LAUDERDALE, FL 33334 FT LAUDERDALE, FL 33334					66425552				
Principal Place of Business 3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03042004	Chg-P	CR2E034	(10/03)	
City & State	f	City & State			4. FEI Numbe	г			plied For Applicable
Zip	Country	Zip Country			5. Certificate of Status Desired S8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
MOORE, JR.∜RONALD E M.D. 1699 E OAKLAND PARK BLVD FT LAUDERDALE, FL 33334				Name Street Address (P.O. Box Number is Not Acceptable)					
TENODERDALL, TE 30304									
			City				FL	Zip Code	,
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 Sometime, typed or present name of registered agent and site if applicable. (NOTE: Registered Agent signature required when revistaing) DATE									
	E NOWIII FEE IS \$150.00 by 1, 2004 Fee will be \$550.0	9. Election Campaig Trust Fund Contri		\$5 □ Add	.00 May Be led to Fees	·			
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/	CHANGES TO OFF	ICERS AND D	DIRECTORS	
NAME STREET ADORESS CITY-ST-ZIP	(Rosald moster) France Booking	nd Per K NIVD Le FL 33334	TITLE NAME STREET ADDRE CITY-ST-ZIP	SS			. [Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	HiseidPresides	nd Pour Blud FL 33334	NAME STREET ADDRE	ess			ĺ	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2 1 1/2	0.311	TITLE NAME STREET ADDRE CITY-ST-ZIP	ess				Change	Addilion
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasyrer (Rosald Moor) Trage Correction	Delete Delete Park Blue FL 33374	TITLE NAME STREET ADORS CITY-ST-ZIP	33		. 400		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Deiele	TITLE NAME STREET ADDRI CHY-ST-ZIP	ESS		,	1	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Q	☐ Delate	TITLE NAME STREET ADDRI CITY-ST-ZIP	ESS				☐ Change	Addition .
12. I hereby certify that the information supplied with this filling does not qualify 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 signature shell 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 in Block 10 or Block 11 if									