## **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P03000128851

Entity Name: MINIMALLY INVASIVE SURGERY, INC.

FILED Sep 13, 2011 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4101 NW 4TH STREET 4101 NW 4TH STREET

SUITE 104 SUITE 401

PLANTATION, FL 33317 PLANTATION, FL 33317

Current Mailing Address: New Mailing Address:

4101 NW 4TH STREET
SUITE 104
4101 NW 4TH STREET
SUITE 401
SUITE 401

PLANTATION, FL 33317 PLANTATION, FL 33317

FEI Number: 20-0382179 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

MOORE, JR., RONALD E M.D.

4101 NW 104TH STREET

SUITE 104

SUITE 401

SUITE 401

SUITE 401

PLANTATION, FL 33317 US PLANTATION, FL 33317 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: RONALD E. MOORE, JR. 09/13/2011

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: F

 Name:
 MOORE, RONALD E MD

 Address:
 4101 NW 4TH STREET

 City-St-Zip:
 PLANTATION, FL 33317

Title: VP

 Name:
 MOORE, RONALD E MD

 Address:
 4101 NW 4TH STREET

 City-St-Zip:
 FORT LAUDERDALE, FL 33317

Title: S

 Name:
 MOORE, RONALD E MD

 Address:
 4101 NW 4TH STREET

 City-St-Zip:
 PLANTATION, FL 33317

Title: T

Name: MOORE, RONLAD E MD Address: 4101 NW 4TH STREET City-St-Zip: PLANTATION, FL 33317

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: RONALD E. MOORE, JR. P 09/13/2011