2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 10, 2005
Secretary of State

DOCUMENT# P04000060252

Entity Name: SOUTHSIDE JACKSONVILLE NEUROSURGERY, P.A.

Current Principal Place of Business:

8833 PERIMETER PARK BLVD
SUITE 202
JACKSONVILLE, FL 32216 US

New Principal Place of Business:

14546 ST AUGUSTINE RD
SUITE 409
JACKSONVILLE, FL 32258 US

Current Mailing Address:

8833 PERIMETER PARK BLVD
SUITE 202
JACKSONVILLE, FL 32216 US

New Mailing Address:

14546 ST AUGUSTINE RD
SUITE 2409
JACKSONVILLE, FL 32258 US

FEI Number: 81-0648797 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HENKIN, M.D., PHILIP
8833 PERIMETER PARK BLVD
SUITE 202
JACKSONVILLE, FL 32216 US

Name and Address of New Registered Agent:

HENKIN, M.D., PHILIP
14546 ST AUGUSTINE RD
SUITE 409
JACKSONVILLE, FL 32258 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: DEBORAH BRICKER 10/10/2005
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: PRES ( ) Delete
Name: HENKIN, M.D., PHILIP
Address: 8833 PERIMETER PARK BLVD, SUITE 202
City-St-Zip: JACKSONVILLE, FL 32216 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: HENKIN, M.D., PHILIP
Address: 14546 ST AUGUSTINE RD STE 409
City-St-Zip: JACKSONVILLE, FL 32258 US

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: PHILIP HENKIN, M.D. OFFI 10/10/2005
Electronic Signature of Signing Officer or Director Date