

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000130620 1. Entity Name SURGERY ASSISTED BY 3 M'S, INC.					
Principal Place of Business 2845 AVENTURA BLVD AVENTURA, FL 33180			Mailing Address 2845 AVENTURA BLVD AVENTURA, FL 33180		
2. Principal Place of Business 21110 Biscayne Blvd.		3. Mailing Address 21110 Biscayne Blvd.			
Suite, Apt. #, etc. Suite 203		Suite, Apt. #, etc. Suite 203			
City & State Aventura, Florida		City & State Aventura, Florida		4. FEI Number 20-4409759	
Zip 33180		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PESETSKY, WALTER S 1031 N MIAMI BEACH BLVD N MIAMI BEACH, FL 33162				7. Name and Address of New Registered Agent Name ELLIOTT NOEL ZACK Street Address (P.O. Box Number is Not Acceptable) 1031 North Miami Beach Blvd. City North Miami Beach FL 33162	
8. 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: <u><i>[Signature]</i></u> 3-2-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete BLUMENTHAL, BARRY M 2845 AVENTURA BLVD AVENTURA, FL 33180		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Blumenthal, Barry M. 21110 Biscayne Blvd., Suite 203 Aventura, FL 33180	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other fee empowered.					
SIGNATURE: <u><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3/2/06 (305) 948-9595 <small>Date Daytime Phone #</small>		

FILED
06 MAR -6 PM 4:11
CLERK OF STATE
TALLAHASSEE, FLORIDA



03022006 REIN-P CR2E098(11/05) 05-06

000067945150
03/15/06--01006--013 **300.00
[Handwritten initials]