

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P06000017147

**Entity Name:** CUMMINGS SURGICAL INC.

**FILED**  
**Oct 13, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

12181 RACINE COURT  
JACKSONVILLE, FL 32224

**New Principal Place of Business:**

4547 BASS PLACE SOUTH  
JACKSONVILLE, FL 32210

**Current Mailing Address:**

12181 RACINE COURT  
JACKSONVILLE, FL 32224

**New Mailing Address:**

4547 BASS PLACE SOUTH  
JACKSONVILLE, FL 32210

**FEI Number:** 20-4195717

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TRAVIS, CUMMINGS R  
12181 RACINE CT  
JACKSONVILLE, FL 32224 US

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

TRAVIS, CUMMINGS R  
4547 BASS PLACE SOUTH  
JACKSONVILLE, FL 32210 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:** TRAVIS CUMMINGS

10/13/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PTSD  
**Name:** CUMMINGS, TRAVIS R  
**Address:** 4547 BASS PLACE SOUTH  
**City-St-Zip:** JACKSONVILLE, FL 32210

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:** TRAVIS CUMMINGS

PRES

10/13/2010

Electronic Signature of Signing Officer or Director

Date