

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P08000078569

**FILED**  
**Nov 05, 2009**  
**Secretary of State**

**Entity Name:** MIAMI SHORES HAND & ORTHOPAEDIC SURGICAL ASSOCIATES INC

**Current Principal Place of Business:**

1190 NW 95TH STREET  
SUITE 305  
MIAMI, FL 33150

**New Principal Place of Business:**

**Current Mailing Address:**

1190 NW 95TH STREET  
SUITE 305  
MIAMI, FL 33150

**New Mailing Address:**

PO BOX 381037  
MIAMI, FL 33238

**FEI Number:** 26-3212554

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MONDERSON, TSESSELON PRES  
1190 NW 95TH STREET  
SUITE 305  
MIAMI, FL 33150 US

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

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: TSESSELON W. MONDERSON

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: P ( ) Delete  
Name: MONDERSON, TSESSELON  
Address: 15921 SW 61 ST  
City-St-Zip: DAVIE, FL 33331

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: MONDERSON, TSESSELON  
Address: 14828 SW 40TH STREET  
City-St-Zip: DAVIE, FL 33331

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: TSESSELON W. MONDERSON M.D.

PRES

11/05/2009

Electronic Signature of Signing Officer or Director

Date