2011 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Jan 06, 2011
Secretary of State

DOCUMENT# P09000049682

Entity Name: AMPUTATION PREVENTION INSTITUTE OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

20201 NE 21ST AVE
NORTH MIAMI BEACH, FL 33179

New Principal Place of Business:

Current Mailing Address:

20201 NE 21ST AVE
NORTH MIAMI BEACH, FL 33179

New Mailing Address:

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

Name and Address of Current Registered Agent:

WAGNER, ABRAHAM
20201 NE 21ST AVE
NORTH MIAMI BEACH, FL 33179 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: ABRAHAM WAGNER

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD
Name: WAGNER, ABRAHAM
Address: 20201 NE 21ST AVE
City-St-Zip: NORTH MIAMI BEACH, FL 33179

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: ABRAHAM WAGNER PD 01/06/2011

Electronic Signature of Signing Officer or Director — Date