

# 2013 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P11000015370

FILED  
Mar 19, 2013  
Secretary of State

**Entity Name:** ISLAND SURGICAL CARE, INC.

**Current Principal Place of Business:**

3845 SEASIDE DR SUITE 101  
KEY WEST, FL 33040

**New Principal Place of Business:**

**Current Mailing Address:**

3 CORAL WAY  
KEY WEST, FL 33040

**New Mailing Address:**

FEI Number: 27-5052815

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CHAN, SIU-MEI R  
3 CORAL WAY  
KEY WEST, FL 33040 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: CHAN, SIU-MEI R

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: CHAN, SIU-MEI R  
Address: 3 CORAL WAY  
City-St-Zip: KEY WEST, FL 33040

Title: S  
Name: CHAN, SIU-MEI R  
Address: 3 CORAL WAY  
City-St-Zip: KEY WEST, FL 33040

Title: T  
Name: HARKENRIDER, LAWRENCE E  
Address: 3 CORAL WAY  
City-St-Zip: KEY WEST, FL 33040

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: HARKENRIDER, LAWRENCE E

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

T

03/19/2013

\_\_\_\_\_  
Date