2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 07, 2008
Secretary of State

DOCUMENT# P94000004586

Entity Name: CORDOVA AMBULATORY SURGICAL CENTER, INC.

Current Principal Place of Business:

545 BRENT LN
PENSACOLA, FL 32503

New Principal Place of Business:

Current Mailing Address:

545 BRENT LN
PENSACOLA, FL 32503

New Mailing Address:

FEI Number: 59-3222633 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FERNANDEZ, ELAINE
545 BRENT LANE
PENSACOLA, FL 32503 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: ELAINE FERNANDEZ

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: D ( ) Delete
Name: MARTIN, HOWELL J
Address: 545 BRENT LANE
City-St-Zip: PENSACOLA, FL

Title: D ( ) Delete
Name: PLUNKETT, JOSEPH M
Address: 545 BRENT LN
City-St-Zip: PENSACOLA, FL 32503

Title: D ( ) Delete
Name: FERNANDEZ, ELAINE
Address: 545 BRENT LANE
City-St-Zip: PENSACOLA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: ELAINE FERNANDEZ D 10/07/2008

Electronic Signature of Signing Officer or Director Date