2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Nov 23, 2005
Secretary of State

DOCUMENT# P94000038805

Entity Name: OCALASURG, INC.

Current Principal Place of Business:

3241 SW 34TH ST
OCALA, FL 34474 US

New Principal Place of Business:

Current Mailing Address:

3241 SW 34TH ST
OCALA, FL 34474 US

New Mailing Address:

FEI Number: 59-3244761 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FULLER, JEFFERY M
100 N. TAMPA STREET
STE 2650
TAMPA, FL 33602 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: JEFFERY M. FULLER

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: DP ( ) Delete
Name: BALD, CHRISTOPHER M.D.
Address: 40 S.W. TWELFTH STREET, STE. A-102
City-St-Zip: OCALA, FL 32671

Title: D ( ) Delete
Name: TAUB, HARVEY
Address: 1901 SE 18TH AVENUE BLDG 300
City-St-Zip: OCALA, FL 34471

Title: D ( ) Delete
Name: PYLES, STEPHEN T M.D.
Address: 131 S.W. 15TH STREET
City-St-Zip: OCALA, FL 34474

Title: D ( ) Delete
Name: MANSEAU, CHRISOPHER
Address: 1015 SE 17TH STREET STE 100
City-St-Zip: OCALA, FL 34471

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:

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JEFFERY M. FULLER MR 11/23/2005

Electronic Signature of Signing Officer or Director Date