

# **2012 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P96000081030

**FILED**  
**May 21, 2012**  
**Secretary of State**

**Entity Name:** SURGICAL TISSUE NETWORK, INC.

**Current Principal Place of Business:**

7022 TPC DR  
SUITE 400  
ORLANDO, FL 32822

**New Principal Place of Business:**

**Current Mailing Address:**

7022 TPC DR  
SUITE 400  
ORLANDO, FL 32822

**New Mailing Address:**

**FEI Number:** 59-3422608

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NOVOTNY, ALAN J  
7022 TPC DR  
STE 400  
ORLANDO, FL 32822 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:** ALAN NOVOTNY

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** CEO  
**Name:** NOVOTNY, ALAN J CEO  
**Address:** 7022 TPC DR, STE 400  
**City-St-Zip:** ORLANDO, FL 32822 US

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:** ALAN NOVOTNY

CEO

05/21/2012

Electronic Signature of Signing Officer or Director

Date