

2011 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P97000099976

FILED
Apr 08, 2011
Secretary of State

Entity Name: WITTELS SURGICAL INSTITUTE INC.

Current Principal Place of Business:

16400 NW 2ND AVE
SUITE 102
NORTH MIAMI BEACH, FL 33169

New Principal Place of Business:

16400 NW 2ND AVE
SUITE 203
NORTH MIAMI BEACH, FL 33169

Current Mailing Address:

16400 NW 2ND AVE
SUITE 102
NORTH MIAMI BEACH, FL 33169

New Mailing Address:

16400 NW 2ND AVE
SUITE 203
NORTH MIAMI BEACH, FL 33169

FEI Number: 65-0793565

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WITTELS, NEAL
16400 NW 2ND AVE
STE 101
NMB, FL 33169 US

Name and Address of New Registered Agent:

WITTELS, NEAL
16400 NW 2ND AVE
STE 203
NMB, FL 33169 US

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: NEAL WITTELS, MD

04/08/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: WITTELS, NEAL P MD
Address: 16400 NW 2ND AVE STE 203
City-St-Zip: NORTH MIAMI BEACH, FL 33169

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: NEAL P WITTELS, MD

PRES

04/08/2011

Electronic Signature of Signing Officer or Director

Date