2014 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 29, 2014
Secretary of State

DOCUMENT# P98000008468

Entity Name: MUSCULOSKELETAL AMBULATORY SURGERY CENTER, INC.

Current Principal Place of Business:

6015 POINTE W BLVD
BRADENTON, FL 34209

New Principal Place of Business:

Current Mailing Address:

6015 POINTE W BLVD
BRADENTON, FL 34209

New Mailing Address:

FEI Number: 65-0829385 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BLALOCK WALTERS , P.A.
802 11TH STREET WEST
BRADENTON, FL 34205 US

Name and Address of New Registered Agent:

CFRA, LLC
100 S ASHLEY DRIVE
SUITE 400
TAMPA, FL 33602 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: ADAM SCHWARTZ 10/29/2014
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PSTD
Name: KUMAR, AVINASH G M.D.
Address: 6015 POINTE W BLVD
City-St-Zip: BRADENTON, FL 34209

Title: D
Name: BUNDSCHU, RICHARD H M.D.
Address: 6015 POINTE WEST BLVD
City-St-Zip: BRADENTON, FL 34209

Title: D
Name: SCHAFER, STEVEN M.D.
Address: 6015 POINTE WEST BLVD
City-St-Zip: BRADENTON, FL 34209

Title: D
Name: VALADIE, ARTHUR L M.D.
Address: 6015 POINTE WEST BLVD
City-St-Zip: BRADENTON, FL 34209

Title: CEO
Name: LEMAY, PAIGE
Address: 6015 POINTE WEST BLVD
City-St-Zip: BRADENTON, FL 34209

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: AVINASH KUMAR PSTD 10/29/2014
Electronic Signature of Signing Officer or Director Date