

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # S27832		
1. Entity Name TALLAHASSEE ORTHOPEDIC SURGERY CENTER, INC.		

FILED

2008 MAR 27 AM 7:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 3334 CAPITAL MEDICAL BLVD., STE 500 TALLAHASSEE, FL 32308	Mailing Address 3334 CAPITAL MEDICAL BLVD., STE 500 TALLAHASSEE, FL 32308
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2. Principal Place of Business - No P.O. Box # 3334 Capital Medical Blvd.	3. Mailing Address 3334 Capital Medical Blvd
Suite, Apt. #, etc. #600	Suite, Apt. #, etc. #600
City & State Tallahassee FL	City & State Tallahassee FL
Zip 32308	Country Leon



4. FEI Number 59-3055704		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent HANEY, TOM C. 3334 CAPITAL MEDICAL BLVD, STE 400 TALLAHASSEE, FL 32308		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

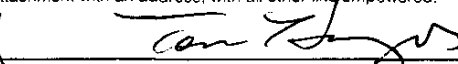
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COBP HANEY, TOM C M.D. 259 ROSEHILL DRIVE NORTH TALLAHASSEE, FL 32312 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600121441886 ☐ Change ☐ Addition 03/27/08--01036--008 **300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENDERSON, WILLIAM D 6973 MCBRIDE POINT TALLAHASSEE, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WINGO, CHARLES H M.D. 317 TALWOOD DRIVE TALLAHASSEE, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S THORNBERRY, ROBERT L M.D. 2810 CLINE ST TALLAHASSEE, FL 32308 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DEWEY, DONALD M M.D. 5325 PEMBRIDGE PL TALLAHASSEE, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

MAR 27 2008