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	Mailing Address
3334 CAPITAL MEDICAL BLVD., STE 500 TALLAHASSEE, FL 32308	3334 CAPITAL MEDICAL BLVD., STE 500 TALLAHASSEE, FL 32308

03202008 REIN-P CR2E098 (1/07) REINSTATEMENT 07-08

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

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	7. Name and Address of New Registered Agent
HANEY, TOM C. 3334 CAPITAL MEDICAL BLVD, STE 400 TALLAHASSEE, FL 32308	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 _____
Signature, typed or printed name of registered agent and title if applicable. (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	☐ Change ☐ Addition 600121441886 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: X _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

P. Mitchell MAR 27 2008