

2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED

09 MAR 30 PM 2:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V23956

1. Entity Name
SURGICAL HEALTH OF ORLANDO, INC.



Principal Place of Business
ONE HEALTHSOUTH PARKWAY
BIRMINGHAM, AL 35243 US

Mailing Address
P.O. BOX 380546
BIRMINGHAM, AL 35238

2. Principal Place of Business - No P.O. Box #
3000 Riverchase Galleria
Suite, Apt. #, etc.
Suite 500

3. Mailing Address
3000 Riverchase Galleria
Suite, Apt. #, etc.
Suite 500

City & State
Birmingham, AL
Zip
35244 Country
US

City & State
Birmingham, AL
Zip
35244 Country
US



4. FEI Number
58-1997354 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

800147980398
03/30/09--01048--008 **300.00

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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	CPD GRINNEY, JAY ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD SNOW, MICHAEL D ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VCFO WORKMAN, JOHN ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V MCANDREWS, JAMES P III ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD WHITTINGTON, JOHN P ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS MARTIN, JODY ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	CPD Andrew P. Hayek 3000 Riverchase Galleria, Ste 500 Birmingham, AL 35244	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD Joseph T. Clark 3000 Riverchase Galleria, Ste 500 Birmingham, AL 35244	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT William L. Wann Jr 3000 Riverchase Galleria, Ste 500 Birmingham, AL 35244	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V Steven J. Hutkai 3000 Riverchase Galleria, Ste 500 Birmingham, AL 35244	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD Richard L. Sharff Jr. 3000 Riverchase Galleria, Ste 500 Birmingham, AL 35244	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS Jody Martin 3000 Riverchase Galleria, Ste 500 Birmingham, AL 35244	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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:

Steven J. Hutkai
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steven J. Hutkai, VP

2/5/09
Date

(205) 545-2572
Daytime Phone #