PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 FEB 10 PM 2:34

DOCUMENT # 745269

1. Corporation Name

CORAL REEF MEDICAL PARK, INC.
C/o ComReal Property Services Group

2. Principal Office Address: 9299 S.W. 152nd Street
Suite, Apt. #, etc.: —
City & State: Miami, Florida
Zip: 33157 Country: USA

3. Mailing Office Address: P.O. Box 266920
Suite, Apt. #, etc.:
City & State: Weston, Florida
Zip: 33326 Country: USA

REINSTATEMENT 00-05

4. Date Incorporated or Qualified To Do Business in Florida: 1978

5. FEI Number: 59-1902036 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: John M. Spire
Street Address (P.O. Box Number is Not Acceptable): 17700 S.W. 51st Street
Suite, Apt. #, Etc.:
City: Southwest Ranches State: FL Zip Code: 33331

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8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: _____ Date: 1/25/05
REGISTERED AGENT MUST SIGN

CR2E081 (01/05)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres./D	Dr. Michael Feldman	9299 S.W. 152nd Street/200	Miami, FL 33157
V.P./D	Dr. Karl Sturge	9299 S.W. 152nd Street / 205	Miami, FL 33157
Sec./D	Dr. Gino Vitiello	9299 S.W. 152nd Street /203	Miami, FL 33157

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: _____ 2/11/05 305-255-2058
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #