PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 APR -3 PM 12:07

DOCUMENT # 770806

1. Corporation Name

Mid-Florida Medical Services, Inc.
c/o Lance Anastasio
200 Avenue F, NE
Winter Haven, FL 33881-4131

CR2E081 (12/05)

2. Principal Office Address		**3.** Mailing Office Address	
200 Avenue F, NE		200 Avenue F, NE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Winter Haven, FL		Winter Haven, FL	
Zip	Country	Zip	Country
33881	Polk	33881	Polk

4. Date Incorporated or Qualified To Do Business in Florida: 1983

5. FEI Number: 59-2486580 ☐ 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: Lance Anastasio

200070226822
04/12/06 01042 011 **61.25

Street Address (P.O. Box Number is Not Acceptable): 200 Avenue F, NE

Suite, Apt. #, Etc.:

City: Winter Haven | State: FL | Zip Code: 33881-4131

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: Lance Anastasio Date: 3-28-06
REGISTERED AGENT MUST SIGN

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
C	Mark Bostick	169 Lake Otis Road	Winter Haven, FL 33884
VC	Brian Swain	P.O. Box 3096	Winter Haven, FL 33885
VC	Howard Beckert	1326 Lk Otis Drive, N	Winter Haven, FL 33880
S	Richard Straughn	255 Magnolia Avenue, SW	Winter Haven, FL 33880
AS	Robert Carter	1312 Mirror Terrace, NW	Winter Haven, FL 33881
T	Charles McPherson	9 Cypress Cove Road, SE	Winter Haven, FL 33884

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 contained in Chapter 119, 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: Mark Bostick 3/28/06 863-297-1899
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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MID-FLORIDA MEDICAL SERVICES BOARD MEMBERS

Name	Title
Don Ingram 7 Hickory Way Winter Haven, FL 33884	AT
William G. Burns P.O. Box 832, Mountain Lake Lake Wales, FL 33859-0832	D
Richard Dantzler 860 W. Lake Otis Drive Winter Haven, FL 33880	D
Timothy Goldfarb 1600 SW Archer Rd Gainesville, FL 32610	D
Larry Tucker 17 Lake Eloise Lane Winter Haven, FL 33884	D