

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC -2 AM 9:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000002059

1. Corporation Name

EASTERN MEDICAL SYSTEMS, INC.

Principal Place of Business

17031 SO DIXIE HWY
MIAMI FL 33157
US

Mailing Address

9737 N.W. 41ST STREET
SUITE 157
MIAMI FL 33178

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

04/20/1994

5. FEI Number

65-0448969

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	MICHEL, IMMACULA T MD	3160 S UNIVERSITY DR	MIRAMAR FL 33025
MS	MICHEL, JEAN-LUC MD	3160 S UNIVERSITY DR	MIRAMAR FL 33025
			500025164045 12/02/03--01060--005 **150.00

8. Name and Address of Current Registered Agent

MICHEL, IMMACULA T MD
3160 S UNIVERSITY DRIVE
MIRAMAR FL 33025

9. Name and Address of New Registered Agent

Name **JEAN-LUC MICHEL**
Street Address (P.O. Box Number is Not Acceptable) **9737 NW 41 STREET**
Suite, Apt. #, Etc. **Ste 157**
City **MIAMI** State **FL** Zip Code **33178**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

Jean Luc Michel MD
REGISTERED AGENT MUST SIGN

Date

11/21/03

11. 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:

Jean Luc Michel MD / **JEAN-LUC MICHEL** 11/21/03 (305)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
069-0717

CFR2040 (7/03)

State of Florida Department of State

CERTIFICATE OF ADMINISTRATIVE DISSOLUTION OR REVOCATION

The below named corporation having failed to file its 2003 corporation annual report/uniform business report, in accordance with Florida Statutes, is hereby administratively dissolved or revoked effective September 19, 2003.

Corporation Name: **EASTERN MEDICAL SYSTEMS, INC.**

Document Number: **F94000002059**

Given under my hand and the
Great Seal of the State of Florida,
at Tallahassee, the Capital, this the
19th day of September, 2003.



Glenda E. Hood

Glenda E. Hood
Secretary of State

Eastern Medical Systems, Inc.

November 24, 2003

Florida Department of State
Division of Corporations
Annual Report/Reinstatement Section
Tallahassee, Florida 32314

Document# F94000002059

This is to inform you that Eastern Medical systems did not receive the prior uniform business report (UBR) notices.

This is the reason why they were not sent out to your Department.

We are asking that you consider us for reinstatement.

Your consideration to this matter is appreciated.

Sincerely,


Jean-Luc Michel, MD

Secretary