


Dec. 6. 2001 11:11AM

No. 5019 FILED P. 2/2
SECRETARY OF STATE
DIVISION OF CORPORATIONS

FAX AUDIT NUMBER: H01000115685 9

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM 4:00

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F99000005214			
1. Corporation Name ECS of Louisiana, A Professional Medical Corporation			
2. Principal Office Address 1001 Ives Dairy Road Suite, Apt. #, etc. Suite 206		3. Mailing Office Address 1001 Ives Dairy Road Suite, Apt. #, etc. Suite 206	
City & State North Miami, FL		City & State North Miami, FL	
Zip 33179	Country USA	Zip 33179	Country USA
4. Date Incorporated or Qualified To Do Business in Florida		10-8-99	
5. FEI Number 56-2106091		Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		30.75 Additional Fee required for a Certificate of Status	

REINSTATEMENT - 01

7. Name and address of New Registered Agent		
Name Registered Agents of Florida, LLC		
Street Address (P.O. Box Number is Not Acceptable) 100 SE 2 nd Street		
Suite, Apt. #, Etc. Suite 3500		
City Miami	State FL	Zip Code 33131

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 *Charles J. Rennert* Charles J. Rennert, Vice President Date 11-29-01
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
DP	David Schillinger	1001 Ives Dairy Road, Suite 206	North Miami, Florida 33179
DV	Jeffrey Schillinger	1001 Ives Dairy Road, Suite 206	North Miami, Florida 33179
DST	Anita Wegner	1001 Ives Dairy Road, Suite 206	North Miami, Florida 33179

10. I hereby 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)(b), 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 *Jeffrey Schillinger* Jeffrey Schillinger, Vice President 11-29-01 305-944-9990
SIGNATURE IS EITHER TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

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To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : BERMAN WOLFE RENNERT VOGEL & MANDLER, P.A.
Account Number : 076103002011
Phone : (305)577-4177
Fax Number : (305)373-6036

CORPORATION REINSTATEMENT

ECS OF LOUISIANA, A PROFESSIONAL MEDICAL CORPORATION

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$908.75