

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>APPLICATION FOR REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>K33574</b>			
1. Corporation Name <b>SOUTH FLORIDA NEPHROLOGY GROUP, P.A.</b>			
Principal Place of Business <b>7870 W. SAMPLE ROAD CORAL SPRINGS FL 33065 US</b>		Mailing Address <b>7870 W SAMPLE ROAD CORAL SPRINGS FL 33065 US</b>	
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 <b>09/21/1988</b>		5. FEI Number <b>65-0074501</b>	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Applied For Not Applicable	
\$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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PTS	BLOOMFIELD, RAHCAEL M	<del>6721 NW 82 TERRACE</del> <b>2130 NE 29th ST</b>	<del>PARKLAND FL</del> <b>Lighthouse Point, Fl. 33064</b>
VD	CHAUDHRY, ASGHAR A	<del>11711 NW 26TH ST</del> <b>11711 NW 26th Court</b>	<b>CORAL SPRINGS FL 33065</b>
			<b>2000004677322--0</b> <b>-11/13/01--01091--008</b> <b>****150.00 ****150.00</b>
8. Name and Address of Current Registered Agent <b>BLOOMFIELD, RACHAEL M</b> <b>1505 N UNIVERSITY DR # 301</b> <b>CORAL SPRINGS FL 33071</b>		9. Name and Address of New Registered Agent Name <b>Rachael M. Bloomfield, DO</b> Street Address (P.O. Box Number is Not Acceptable) <b>7870 West Sample Rd.</b> Suite, Apt. #, Etc. City <b>Coral Springs, Fla.</b> State <b>FL</b> Zip Code <b>33065</b>	
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.			
Signature of Registered Agent <b>SIGNATURE REQUIRED</b>		Date	
REGISTERED AGENT MUST SIGN			
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: <b>SIGNATURE REQUIRED</b>		10/23/01      (954) 345-4333	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date      Daytime Phone #	

CR2E040 (8/01)

SOUTH FLORIDA NEPHROLOGY GROUP, P.A.

RACHAEL M. BLOOMFIELD, D.O.

ASGHAR A. CHAUDHRY, M.D.

*Internal Medicine, Kidney Disease, Hypertension*

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7870 W. Sample Rd., Coral Springs, FL 33065 • (954) 345-4333 • Fax (954) 345-4334

October 23, 2001

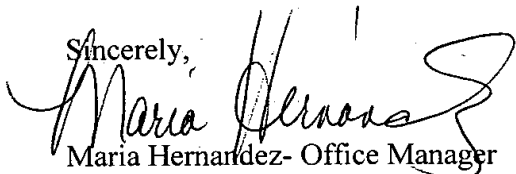
Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32333314

RE: South Florida Nephrology Group  
Document #: K33574  
FEI: 65-0074501

To Whom It May Concern:

I am sending this reinstatement for renewal with the original amount owed. I never received an application in the mail for the May deadline, as I was told over the phone. I am a new office manager and am keeping up with the necessary paper work for the office. The previous manager had not. I am asking that you accept the payment of \$150.00 since I never had the original application. Please reinstate the Corporation and let me know the status of this. I never received this since the Corporation has had a recent name change as of December 2000.  
Please accept my apology for any inconvenience this may have caused.

Sincerely,



Maria Hernandez- Office Manager