

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

02 MAY -3 PM 12:08

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

100005509491--5  
 -05/14/02--01060--013  
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DOCUMENT # **N26038**

1. Corporation Name  
**UNIVERSITY PHYSICIANS PAVILION ASSOCIATION, INC.**

Principal Place of Business	Mailing Address
7201 N UNIVERSITY DR TAMARAC FL 33321 US	7201 N UNIVERSITY DR TAMARAC FL 33321 US

REINSTATEMENT 01-02

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

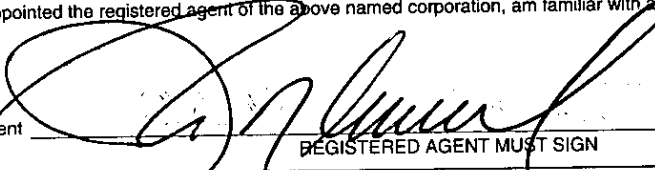
2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida <b>04/22/1988</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <b>NOT APPLICABLE</b>	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>	

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

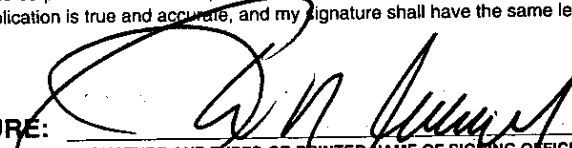
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	CRUICKSHANK, JAMES	7201 N. UNIVERSITY DR.	TAMARAC FL 33321
D	<del>MELBY, LARRY</del> Joseph D. Melchiodi	7201 N UNIVERSITY DR	TAMARAC FL 33321
D	BERT, ALISA	7201 N UNIVERSITY DRIVE	TAMARAC FL 33321
			100005509491--5 -05/14/02--01060--012 *****61.25 *****61.25 JMS/13

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET TALLAHASSEE FL 32301		Name <b>JAMES CRUICKSHANK, CEO</b> Street Address (P.O. Box Number is Not Acceptable) <b>University Hospital &amp; Medical Center</b> Suite, Apt. #, Etc. <b>7201 N. University Dr.</b> City <b>TAMARAC</b> State <b>FL</b> Zip Code <b>33321</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  REGISTERED AGENT MUST SIGN Date **April 22, 2002**

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:  **James Cruickshank** Date **4-22-02** Daytime Phone # **954-724-6100**

CR2E040 (8/01)