PLEASE HEAD ALL INST. IUCTIONS BEFORE CC / LETING THIS FORM. FLORIDA DEPARTMENT OF STATE APPLICATION Katherine Harris FOR Secretary of State REINSTATEMENT FILEU DIVISION OF CORPORATIONS SEURETARY OF STATE DOCUMENT # 198000002711 1. Corporation Name 99 NOV 19 AM 11:59 Florida Health Professions Association. Inc. 300003061003---Mailing Address Principal Place of Business ****236,25 ****236,25 1600 S.W. Archer Road, Suite NI-2 Gainesville, FL 32610-0/85 REINSTATEMENT 04 If above addresses are incorrect in any way, line through incorrect information and enter correction below. 3. New Mailing Office Address, If Applicable 2. New Principal Office Address, If Applicable Date incorporated or Qualified To Do Business in Florida 5/12/98 P. 0. Box 100185 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For City & State City & State 59-3563965 Not Applicable Zip Country Country CERTIFICATE OF STATUS DESIRED 32631-0185 32631-0185 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) Name of Officers and/or Directors City / State / Zip P/D 1600 SW Archer Rd., Suite N1-2 Gainesville, FL 32631-0185 Robert G. Frank, Ph.D. VP/D Ronald H. Rozensky, Ph.D. 1600 SW Archer Rd., Suite N1-2 32631-0185 Gainesville, FL S/T/D Michael A. Crary, Ph.D. 1600 SW Archer Rd.. Suite N1-2 Gain-sville, FL 32631-0185 D Kenneth I Berns, M.D., Ph.D. 1600 SW Archer Rd., Suite N1-2 Gainesville, FL 32631-0185 D Gerald Schaffer 1600 SW Archer Rd., Suite N1-2 Gainesville, FL 32631-0185 9. Name and Address of New Registered Age 8. Name and Address of Current Registered Agent IIBU Linda Stallings 1600 S.W. Archer Road, Suite NI-2 Street Address (P.O. Box Number Is Not Acceptable) Gainesville, FL 32610-0/85 Sulte, Apt. #, Etc. 10. I, being appointed the registered agent of the about named corporation, am familiar with and accept the obligations of Section 607.0505. F.S Halling Signature of Registered Agent REGISTERED AGENT MUST SIGN 11. This corporation owes the current year (See other side for information on intangible tax.) Yes D No 🖸 Intangible Personal Property Tax due June 30. 12. 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 filling 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. Aby 15, 1999 352-892-0517

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR