

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 DEC -2 AM 8:01

DOCUMENT # PD1000066391
1. Corporation Name Hillsborough Medical Group Inc.

2. Principal Office Address 1523 W. Hillsborough Ave
Suite, Apt. #, etc.

3. Mailing Office Address P.O. Box 152697
Suite, Apt. #, etc.

City & State Tampa FL

City & State Tampa FL

Zip 33603 Country USA

Zip 33684 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 7/6/01

5. FEI Number 52-2329165 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Mikhail Shterenberg 900009239549
Street Address (P.O. Box Number is Not Acceptable) 1523 W. Hillsborough Ave. 11/27/02 01051-009 **150.00
Suite, Apt. #, Etc.
City Tampa State FL Zip Code 33603

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 M. Shterf Date 11/20/02
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
President	Mikhail Shterenberg	14908 Arbor Springs Cir #205	Tampa FL 33624

10. 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: M. Shterf Mikhail Shterenberg Date 11/20/02 813-237-1200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E081 (9/01)