PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 NOV 26 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03

900024492149
11/07/03--01001--015 **61.25

DOCUMENT # P02000063260

1. Corporation Name

CLINICAL ASSOCIATES OF THE PALM BEACHES P.A.

Principal Place of Business	Mailing Address
1920 PALM BEACH LAKES BLVD. WEST PALM BEACH FL 33409	1920 PALM BEACH LAKES BLVD. WEST PALM BEACH FL 33409

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
Suite, Apt. #, etc. #102	Suite, Apt. #, etc. #102
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 06/07/2002

5. FEI Number: 27-0013116 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ No ☒ $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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	SCHOLLE, JANET	1920 PALM BEACH LAKES BLVD. #102	WEST PALM BEACH FL 33409
		900024192149 12/01/03--01034--004 **88.75	

8. Name and Address of Current Registered Agent

SCHOLLE, JANET L
1920 PALM BEACH LAKES BLVD.
WEST PALM BEACH FL 33409

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City | State FL | Zip Code

CR2E040 (7/03)

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. or 617.0505, F.S.

Signature of Registered Agent: Janet L. Scholle — Date: 10/7/03
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: Janet L. Scholle — 10/7/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Clinical Associates of the Palm Beaches
1920 Palm Beach Lakes Blvd. #102
West Palm Beach, Florida 33409

Janet L. Scholle M.D.

October 28, 2003

Dear Sirs:

I did not receive any annual report/uniform business report form. Please do not dissolve my corperation. I will be happy to complete any forms as needed.

If you have any further questions please do not hesitate to contact me.

Sincerely,

Janet L. Scholle M.D.