

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra Morton  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 NOV 16 PM 1:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000084174

1. Corporation Name

A-1 MASTER AUTO CARE, INC.

Principal Place of Business

Mailing Address

5951 NW 151ST ST  
MIAMI LAKES FL 33014

5951 NW 151ST ST  
MIAMI LAKES FL 33014



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

2. Old Mailing Office Address, If Applicable  
5951 NW 151 St. Bay 42

3. New Mailing Office Address, If Applicable  
5951 NW 151 St. Bay 42

4. Date Incorporated or Qualified  
To Do Business in Florida

10/30/1995

Suite, Apt. #, etc.  
Miami Lakes, FL

Suite, Apt. #, etc.  
Miami Lakes, FL.

5. FEI Number

65-0638437

Applied For

Not Applicable

City & State

City & State

Zip  
33014

Country  
USA

Zip  
33014

Country  
USA

6. CERTIFICATE OF STATUS DESIRED

\$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 (Do NOT Use Post Office Box Numbers) | 4 City / State / Zip  |
|------------|-------------------------------------|---|---|
| P          | PUIG, WILLIAM                       | 6675 NW 40TH ST   | VIRGINIA FL 33166   |
| VP         | PUIG, YAMILET                       | 6675 NW 40TH ST   | VIRGINIA GARDENS FL 33166   |
|            |                                     |   | 200003063702--7<br>-12/08/99--01003--002<br>****300.00 ****300.00 |
|            |                                     |   | SP  |

8. Name and Address of Current Registered Agent

PUIG, WILLIAM  
5951 NW 151ST ST  
MIAMI LAKES FL 33014

9. Name and Address of New Registered Agent

Name  
Puig, William  
Street Address (P.O. Box Number is Not Acceptable)  
5951 NW 151 St.  
Suite, Apt. #, Etc.  
Bay 42  
City  
Miami Lakes  
State  
FL  
Zip Code  
33014

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.

*William Puig*  
REGISTERED AGENT MUST SIGN

Date 11-12-99

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes  No

(See other side for information on intangible tax.)

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 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.

William D. Puig

SIGNATURE:

*William D. Puig*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-12-99  
Date

(305) 519-9000  
Daytime Phone #

CR2E040 (9/98)

TO: FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
ANNUAL REPORT/REINSTATEMENT SECTION

11/12/99

FROM: WILLIAM PUGH  
A-1 MASTER AUTO CARE, INC  
DOCUMENT # P95000084174  
FEI # 65-0638437

DEAR SIRS,

I AM REQUESTING THAT ALL PENALTIES BE WAIVED FOR 1998 AND 1999. I HAD AN ACCIDENT IN 1998 WHICH INCAPACITATED ME REQUIRING ME TO HAVE SPINAL SURGERY IN 1999. I HAD AN EMPLOYER WHICH WAS SUPPOSED TO KEEP MY CORPORATE PAPERS UP-TO-DATE, BUT NEGLECTED TO DO SO. ENCLOSED PLEASE FIND A CHECK FOR THE SUM OF \$300.00 WHICH ARE THE ANNUAL FEES FOR 1998 AND 1999 COMBINED.

THANK YOU,

*William D. Pugh*

WILLIAM D. PUGH  
PRESIDENT  
A-1 MASTER AUTO CARE INC.

PALMETTO GENERAL HOSPITAL  
HIALEAH, FLORIDA  
OPERATIVE REPORT

NAME: PUIG, WILLIAM  
SURGEON: SHELDON B. MEYERSON, M.D.

M.R.#: 110376  
OPERATIVE DATE: 2/3/99

PREOPERATIVE DIAGNOSIS: HERNIATED DISC L5-S1 RIGHT.

POSTOPERATIVE DIAGNOSIS: HERNIATED EXTRUDED DISC L5-S1  
RIGHT.

OPERATION: LAMINECTOMY.

SURGEON: SHELDON B. MEYERSON, M.D.

ASSISTANT:

ANESTHESIA:

JUSTIFICATION FOR PROCEDURE:

THIS PATIENT HAS HAD EXCRUCIATING PAIN IN THE LOW BACK RADIATING TO THE RIGHT LEG UNRELIEVED BY CONSERVATIVE THERAPY AND SEVERAL MEDICATIONS. HE UNDERWENT CAT SCAN AND ALSO LUMBAR MYELOGRAM WHICH DEMONSTRATED A LARGE HERNIATED DISC AT L5-S1 RIGHT WITH MARKED NERVE ROOT COMPRESSION. BECAUSE OF THE SEVERE PAIN THE PATIENT HAD A MYELOGRAM TO LOOK FOR ANY OTHER POSSIBLE ABNORMALITIES. NONE WERE FOUND EXCEPT THE HERNIATED DISC.

PROCEDURE:

AFTER GENERAL ANESTHESIA, THE PATIENT WAS PLACED PRONE IN A ZIMMER LAMINECTOMY FRAME. THE BACK WAS PREPPED AND DRAPED IN THE USUAL STERILE FASHION.

A MIDLINE INCISION WAS MADE OVER THE SPINOUS PROCESS AT L5-S1. THE INCISION WAS CARRIED DOWN TO THE LEVEL OF THE FASCIA. THE FASCIA WAS EXCISED WITH THE BOVIE CURRENT AND THE MUSCLES WERE RETRACTED WITH PERIOSTEAL ELEVATOR AND THE RETRACTOR WAS PLACED LATERAL TO THE FACET JOINT AT L5-S1.

THE X-RAY WAS TAKEN FOR LOCALIZATION.

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THE INFERIOR PORTION OF THE LAMINA AT L-5 WAS REMOVED AND THE SUPERIOR MARGIN OF THE LAMINA AT S-1 WAS REMOVED WITH KERRISON RONGEURS. THE MEDIAL ASPECT OF THE FACET JOINT AT L5-S1 WAS SHAVED DOWN WITH KERRISON RONGEURS AND LEKSELL RONGEURS. THE LIGAMENTUM FLAVUM WAS ELEVATED AND REMOVED. THE DURAL SAC WAS IDENTIFIED AND THE LATERAL MARGIN WAS IDENTIFIED AND COTTONOIDS WERE PLACED WITH GENTLE RETRACTION. ADDITIONAL REMOVAL OF BONE AND LIGAMENTUM FLAVUM WAS DONE WITH THE KERRISON RONGEURS TO FOLLOW THE NERVE ROOT OUT WHICH WAS ENLARGED AND FLUSH WITH THE PEDICLE.

THE NERVE ROOT WAS GENTLY RETRACTED AND THE DISC CAME INTO VIEW AND THE DISC WAS SCOOTED OUT OF THE INTERSPACE BUT WAS COVERED BY A THIN LAYER OF ANNULUS. THIS WAS INCISED IN A CIRCULAR FASHION AND THIS BULGED NOW UNDER PRESSURE. SOME LARGE CHUNKS WERE REMOVED IN THIS FASHION.

THE NERVE ROOT WAS THEN GENTLY RETRACTED AND PACKED WITH COTTONOIDS ABOVE AND BELOW THE INTERSPACE.

ADDITIONAL DISC WAS REMOVED FROM THE INTERSPACE WITH VARIOUS RONGEURS AND CURETTES SO THAT A LARGE AMOUNT OF DISC WAS REMOVED. THERE WERE NO OTHER EXTRUDED FRAGMENTS. A SEARCH WAS MADE FOR ANY OTHER EXTRUDED FRAGMENTS AND THERE WERE NONE.

THE IRRIGATION WAS CARRIED OUT. ADHESIONS WERE SEPARATED OVER THE NERVE ROOT OF S-1 IN ORDER TO MOBILIZE THE NERVE.

FOLLOWING DISCECTOMY, A SMALL PIECE OF FAT WAS REMOVED IN THE SUBCUTANEOUS LAYER AND PLACED OVER THE NERVE ROOT. ONE CC OF DEPO-MEDROL WAS PLACED IN THE EPIDURAL SPACE.

HEMOSTASIS WAS ACCOMPLISHED WITH BIPOLAR CAUTERY.

CLOSURE WAS ACCOMPLISHED WITH 0-VICRYL FOR THE FASCIA AND 2-0 VICRYL FOR THE SUBCUTANEOUS LAYER AND STAPLES FOR THE SKIN.

PLAIN MARCAINE WAS INSTILLED INTO THE SUBCUTANEOUS LAYER AT THE TIME OF CLOSURE.

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A STERILE DRY DRESSING WAS APPLIED AND THE PATIENT WAS RETURNED  
TO RECOVERY ROOM IN SATISFACTORY CONDITION.

ESTIMATED BLOOD LOSS WAS 50 CC. REPLACEMENT, NONE.  
CONDITION WAS SATISFACTORY.

AUTHENTICATED BY  
SHELDON B. MEYERSON, M.D.

SBM/md  
D: 02/03/99  
T: 02/04/99

CC: