

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 DEC -9 AM 11:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000012680**

1. Corporation Name
SOUTH BROWARD PEDIATRIC IPA, INC.

Principal Place of Business 201 SOUTH BISCAYNE BLVD. SUITE 3000 MIAMI FL 33131	Mailing Address 201 SOUTH BISCAYNE BLVD. SUITE 3000 MIAMI FL 33131
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REINSTATEMENT 97

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

2. New Principal Office Address, If Applicable Suite, Apt. #, etc. 6517 TAFT STREET HOLLYWOOD, FL 33024 USA	3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. 6517 TAFT STREET HOLLYWOOD, FL 33024 USA	4. Date Incorporated or Qualified To Do Business in Florida 02/09/1996
5. FEI Number 65-0687774		Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$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
D/C	LEVIN, PHILIP A	% 201 S. BISCAYNE BLVD. SUITE 30	MIAMI FL 33131
		c/o MIH 6517 TAFT STREET	HOLLYWOOD, FL 33024
			000002375790--9 -12/17/97--01113--004 ****750.00 ****750.00

12-10-97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~SECAL, MIKE
201 SOUTH BISCAYNE BLVD.
SUITE 3000
MIAMI FL 33131~~

Name
Gary Barber
Street Address (P.O. Box Number is Not Acceptable)
1011 N. 35 AVE
Suite, Apt. #, Etc.
Hollywood,
City

State
FL Zip Code
33021

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

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)(f), 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:
SIGNATORY AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E040 (8/97)