


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 FEB -9 PM 4:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PA97000009967

1. Corporation Name
SOUTH FLORIDA MICROSURGERY ASSOCIATES, P.A.

2. Principal Office Address
3449 JOHNSON ST

3. Mailing Office Address
3449 JOHNSON ST

Suite, Apt. #, etc.

City & State
HOLLYWOOD FL

City & State
HOLLYWOOD FL

Zip Country
33021 USA

Zip Country
33021 USA

REINSTATEMENT 03-04

000028411870
#2/09/04--01049--006 **300.00

4. Date incorporated or Qualified To Do Business in Florida 1/21/1997

5. FEI Number 05-0730061 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 FRANK BRADY PA

Street Address (P.O. Box Number is Not Acceptable)
370 W. CAMINO GARDENS BLVD

Suite, Apt. #, Etc.

City BOCA RATON State FL Zip Code 33432

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 [Signature] Date 2/4/2004

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
P	BRIAN BOYD	2950 CLEVELAND CLINIC	WESTON FL 33331
VP	JEFFREY CRAIG VECKER	3449 JOHNSON ST	HOLLYWOOD FL 33021
S	YORAN BARWANOW	1150 N 35TH AVE	HOLLYWOOD FL 33021
T	FRANK COMAGISTRO	1625 SE 3rd AVE	FORT LAUDERDALE FL 33316

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: [Signature] JEFFREY CRAIG VECKER Date 2/4/04 (974) 964-4113

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2001 (01/04)