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 OCT 16 AM 10:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000021446

1. Corporation Name

EMERALD HEALTHCARE GROUP, P.A.

Principal Place of Business	Mailing Address
490 JAMES RIVER ROAD GULF BREEZE FL 32561	P.O. BOX 847 GULF BREEZE FL 32562-0847 US

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

4. Date Incorporated or Qualified To Do Business in Florida: 03/04/1998

5. FEI Number: 59-3505536 ☐ Applied For ☐ Not Applicable

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	4 City / State / Zip
DPC	MEADE, JOHN L M.D.	490 JAMES RIVER ROAD	GULF BREEZE FL 32561
DTS	WRIGHT, GARY D M.D.	21 LAGOON DR	GULF SHORES AL 36542

500023862385
10/16/03--01084--012 **150.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
FERGUSON, MICHAEL L ESQ. 4300 BAYOU BOULEVARD SUITE 13 PENSACOLA FL 32503	Name: John L. Meade, MD Street Address (P.O. Box Number is Not Acceptable): ~~PO Box 847~~ 490 James River Rd Suite, Apt. #, Etc. City: Gulf Breeze State: FL Zip Code: 32561

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: [signature] Date: 10-13-03
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: [signature] John L. Meade, MD — 10-13-03 — 850-916-0272
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Monday, October 13, 2003

Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

Re: Waiver of Reinstatement Fee

Dear Sir or Madam:

I am requesting waiver of the reinstatement fee for Emerald Healthcare Group, PA. (as well as our sister company, Doctor's Resource Group, Inc.) Our shared manager was recently found to have been embezzling monies, as well as simply failing to fulfill her required duties. After her termination, I took over gathering the mail, and have now received your notice of dissolution of our corporation.

I am enclosing a money order for $150.00, and ask your indulgence in this matter.

Thank you,

John L. Meade, MD, FACEP
Chief Executive Officer

PO Box 847
Gulf Breeze, FL 32562-0847
Voice/Fax 850-916-0272

www.statdoc.com

PO Box 1080
Foley, AL 36536
Voice 251-970-1646
Fax 251-970-1648