


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 MAR 15 AM 10:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #: 998000100004

1. Corporation Name
Star Sports Medicine, P.A.

2. Principal Office Address 9400 University Parkway Suite, Apt. #, etc. 309 City & State Pensacola, FL Zip 32514		Country Escambia		3. Mailing Office Address 9400 University Parkway Suite, Apt. #, etc. 309 City & State Pensacola, FL Zip 32514		Country Escambia	
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REINSTATEMENT 03-04

4. Date Incorporated or Qualified To Do Business in Florida 12/01/1998

5. FEI Number 593545034	Applied For. Not Applicable
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6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Juliet Decampos M.D.

Street Address (P.O. Box Number is Not Acceptable)
9400 University Parkway
Suite, Apt. #, Etc.
309

City
Pensacola

State
FL

Zip Code
32514

400030303804
03/11/04--01037--012 ***900.00

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 Juliet Decampos Date 3-1-04

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
D	Juliet Decampos M.D.	9400 University Parkway #309	Pensacola, FL 32514
CFO	Keith M Kundahl	9400 University Parkway #309	Pensacola, FL 32514

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)(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: Keith M Kundahl Keith M Kundahl CFO 3-1-04 850 4769880

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (01/04)