PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 DEC 21 AM 10:18

DOCUMENT # P99000065909

1. Corporation Name

Centered Health Care, P.A.

REINSTATEMENT 03-04
12/9/04 01054 002 $900.00

2. Principal Office Address	3. Mailing Office Address
4442 Curry Ford Road	4442 Curry Ford Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando, FL	City & State: Orlando, Florida
Zip: 32812 Country: USA	Zip: 32812 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida 9/27/99

5. FEI Number 59-3599314 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $6.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Jane Zivalich, M.D.

Street Address (P.O. Box Number is Not Acceptable): 4442 Curry Ford Road

Suite, Apt. #, Etc.:

City: Orlando | State: FL | Zip Code: 32812

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: _____ Date: 12/7/04
REGISTERED AGENT MUST SIGN

CR2E011 (10/04)

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/T	Jano Zivalich	4442 Curry Ford Road	Orlando, FL 32812
S/VP	Anil R. Patel	4442 Curry Ford Road	Orlando, FL 32812
VP	Sandra Stine	4442 Curry Ford Road	Orlando, FL 32812
VP	Arsenio A. Mestre	4442 Curry Ford Road	Orlando, FL 32812
VP	Cathy Frank	4442 Curry Ford Road	Orlando, FL 32812

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: _____ 12/7/04 (407) 658-8866
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #