PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. RTMENT OF STATE FILED REINST CORPORATIONS P95000026625 00 NOV 20 AM 10: 29 DOCUMENT # 1. Corporation Name SEGRETARY OF STATE TALEAHASSEE: FLORIDA JUPITER URGENT CARE, INC. Principal Place of Business Mailing Address 1335 W INDIANTOWN RD 1335 W INDIANTOWN RD JUPITER FL 33458 JUPITER FL 33458 US 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 Date Incorporated or Qualified
 To Do Business in Florida 03/30/1995 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For 65-0572906 City & State City & State Not Applicable \$8.75 Additional Fee required for a Certificate of Status Zip Country Zip Country CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each City / State 7 Zip Officer and/or Director Title(s) and/or Directors LEE. KENNETH 1325 SOUTH CONGRESS AVENUE, SUIT **BOYNTON BEACH FL 33426** D **DELRAY BEACH FL 33444** D GOEBEL, DANIEL 530 IBIS DR N PALM BEACH FL 33408 D TANABE, M.D. D 618 PILOT RD 2139 DRIFTWOOD CIRCLE PALM BEACH GARDENS FL 33410 D ZAPPA, M.D. M **500 GOLDEN HARBOUR DR BOCA RATON FL 33432** D HASTON, M.D. S 600003496716--0 -12/12/00--01034--019 9. Name and Address of New Registered Agent ** 150.00 8. Name and Address of Current Registered Agent Name D. Tanabe, M.D. LEE, KENNETH Street Address (P.O. Box Number is Not Acceptable) 1335 W Indiantown Road 1325 SOUTH CONGRESS AVENUE Suite, Apt. #, Etc. **SUITE 208 BOYNTON BEACH FL 33426** JUPITER 10. I, being appointed the registered agent of the above named comporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent TERED 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 filling 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.

AME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

re and Typed on Print Tanabe, M.D.

SIGNATURE AND

10/18/2000 (5U) 744-9995
Date Daytime Phone #

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SMYTH & HAUCK, P.A.

CERTIFIED PUBLIC ACCOUNTANTS

Members

American Institute of Certified Public Accountants Florida Institute of Certified Public Accountants

Regulated by the State of FL

Paul F. Smyth, CPA* Darby M. Hauck, CPA*

William H. Hines, CPA* Wanda W. Bergeron, CPA* Jane E. Gravelle, CPA* Lynn W. Evans, CPA (GA only)

October 18, 2000

Department of State
Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Re:

Jupiter Urgent Care, Inc.

FEI #65-0572906

Dear Sir or Madam:

Enclosed please find the above client's 2000 Uniform Business Report (UBR) with their check in the amount of \$150.00. Also enclosed is a copy of the Application for Reinstatement which this client received. Copy enclosed Cleek sent 10/11/2600.

Please be advised that they did not receive your first or second notices, and the first time they were advised that their corporate status was in jeopardy was when they received the Reinstatement Application.

We respectfully request that you accept their check for \$150.00 as timely filing for their UBR and do not dissolve or revoke their corporate status.

Thank you for your attention to this matter.

Sincerely,

SMYTH & HAUCK, P.A.

Paul F. Smyth

Certified Public Accountant

CHRISTIAN DATE OF THE STATE OF

PFS/sdp

Enc.

Users/Sharon/Word/PFS-UBR ltr 10-18-00 ·

712 U.S. Highway One, Suite 210, North Palm Beach, FL 33408 (561) 848-9300 FAX (561) 848-9332 E-Mail Address: sh2pa@bellsouth.net