

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000102444

1. Corporation Name

GENTLE MEDICINE ASSOCIATES, INC.

Principal Place of Business

1260 SOUTH FEDERAL HIGHWAY
SUITE 202
BOYNTON BEACH FL 33435

Mailing Address

1260 SOUTH FEDERAL HIGHWAY
SUITE 202
BOYNTON BEACH FL 33435

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/01/2000

5. FEI Number

65-1051594

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75- Additional Fee required
for a Certificate of Status

REINSTATEMENT

2001



7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSD	BATAILLE, REGINE V	1260 SOUTH FEDERAL HIGHWAY	BOYNTON BEACH FL 33435
T	BATAILLE, GARY	1260 SOUTH FEDERAL HIGHWAY	BOYNTON BEACH FL 33435

100004765501--3

01/10/02-01074-022

****158.75 ****158.75

LS

8. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name

REGINE VACHON-BATAILLE

Street Address (P.O. Box Number is Not Acceptable)

1260 S. FEDERAL HWY suite 202

Suite, Apt. #, Etc.

suite 202

City

Boynton Beach

State

FL

Zip Code

33435

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.

Signature of
Registered Agent

Regine Vachon-Bataille
REGISTERED AGENT MUST SIGN

Date 10-12-01

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:

Regine Vachon-Bataille
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Regine Vachon Bataille MD

10-12-01

Date

Daytime Phone #

CR2040 (8/01)