

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

01 DEC 24 AM 10:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000102444

1. Corporation Name

GENTLE MEDICINE ASSOCIATES, INC.

Principal Place of Business

Mailing Address

1260 SOUTH FEDERAL HIGHWAY
SUITE 202
BOYNTON BEACH FL 33435

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.

REINSTATEMENT

2001

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		11/01/2000	
City & State		City & State		5. FEI Number	
Zip		Country		65-1051594	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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
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		9. Name and Address of New Registered Agent	
SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES FL 33134		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 Date 10-12-01
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: REGINE VACHON BATAILLE MD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 10-12-01 Daytime Phone #

CR2E040 (8/01)