PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.							
API	PLICATION FOR STATEMENT	70	VOD	MENT OF STATE Harris State RPORATIONS		SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # 525810 1. Corporation Name					01 OCT 25 PM 12: 11		
SOUTH FLORIDA ORTHOPAEDICS AND REHABILITATION CONSULTANTS, P.A.							
Principal Place of Business Mailing Address							-
•				LEON BLVD , SUITE 5'05 FL 33134			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.							1
SAME AS ABOUT			iling Office Address, If Applicable 5AME AS ABOUE		Date Incorporated or Qualified To Do Business in Florida 02/14/1977		_
ADD: SUITE 505 A			HILL SUITE 505			59-1722996 Applied For	1
,			City & State		6. S8.75 Additional Fee required		
Zip	Country	Zip		Country	CERTIFICATE	FOR STATUS DESIRED for a Certificate of Status	ı
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)							
Title(s) 1	Title(s) Name of Officers and/or Directors		Street Address of Each Officer and/or Director			City / State / Zip	1
PD	BARRIOS, IVAN J		747 PONCE DE LEON BLVD			CORAL GABLES FL	
					36	100046796486 -11/14/0101096005 ****150.00 ****150.00	
						\$2	
	,						
8. Name and Address of Current Registered Agent Name						Address of New Registered Agent	-
BARRIOS, IVAN J. M.D.				SAME AS CURRENT REG. AGENT			
747 PONCE DE LEON BLVD., #505				Street Address (P.O. Box Number is Not Acceptable)			
CORAL GABLES FL 33134			Suite, Apt. #, Etc.				ı
				City		State Zip Code	ı
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 O / 12 / 0 PEGISTERED 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.							

SIGNATURE: SIGNATURE AND TYPED OR PRINTER NAME OF SIGNING OFFICER OR DIRECTOR Date Date Daylime Phone #

SOUTH FLORIDA ORTHOPAEDIC AND REHABILATION CONSULTANTS

Ivan J. Barrios, M.D.

Diplomate, American Board of Orthopaedic Surgery Fellow American Academy Orthopaedic Surgeons Fellow American College of Surgeons 747 Ponce de Leon Blvd., Suite 505 Coral Gables, Florida 33134 Phone: (305) 448-8464 Fax: (305) 444-5456

October 12, 2001

Certified Mail/Return Receipt reg.

Re: South Florida Orthopaedics and Rehabilitation Consultants Document No. 525810

FLORIDA DEPARTMENT OF STATE Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Gentlemen:

We have only just received from the Florida Department of State Document No. 525810, the Certificate of Administrative Dissolution or Revocation of the above-captioned Corporation. On contacting your office we were informed that this past January, 2001, we should have received a notice with instructions for filing our annual corporate report.

To date, we have never received the first notice concerning our annual report. Further examination of the envelope containing the above-captioned document reveals that our address is incomplete. When such crucial mail is sent to a building with many offices, our complete address-including the suite number-is very important. Otherwise, as in this latter case, we may receive only what another office has the courtesy to forward.

Attached is a check for \$150, the fee required when filing an annual report. We are asking that in your computer you please add <u>Suite 505</u> to our 747 Ponce De Leon Boulevard, Coral Gables, Florida 33134-2049 street address and that under the circumstances you please waive the reinstatement fee. Thank you for your consideration.

IVAN J. BARRIOS, M.D., F.A.C.S

President

Sincerely yours