PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 OCT 11 PM 5:13

CORPORATION REINSTATEMENT

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

DOCUMENT # 600080

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REINSTATEMENT

1. Corporation Name

DRS. SEGALL, HERZBERG and RETTER PROFESSIONAL ASSOCIATION
4302 Alton Road, Suite 750
Miami Beach, FL 33140

2. Principal Office Address	**3.** Mailing Office Address
4302 Alton Road	Same
Suite, Apt. #, etc.: Suite 750	Suite, Apt. #, etc.
City & State: Miami Beach, FL	City & State
Zip: 33140 / Country: U.S.A.	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 12/01/1961

5. FEI Number: 59-0941578 — Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☒ — $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Peter Segall, M.D.
Street Address (P.O. Box Number is Not Acceptable): 4302 Alton Road
Suite, Apt. #, Etc.: Suite 750
City: Miami Beach, FL 33140 — State: FL — Zip Code: 33140

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: X [signature] — Date: October 6, 2000
REGISTERED AGENT MUST SIGN

CR2E061 (9/98)

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/D	Peter Segall, M.D.	4302 Alton Road, Suite 750	Miami Beach, FL 33140
V/S/D	Bernard Herzberg, M.D.	4302 Alton Road, Suite 750	Miami Beach, FL 33140
			AD

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: X [signature] PETER SEGALL PRES. — 10/6/00 — 305-532-4502
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #