FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2008 OCT 17 PM 1:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 618419

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10/17/08--01035--012 **1200.00

CR2E081 (10/08)

1. Corporate Name
Elliot M. Wortzel, M.D., P.A.

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
201 NW 82nd Ave.		201 NW 82nd Ave.	
Suite, Apt. #, etc. 305		Suite, Apt. #, etc. 305	
City & State Plantation, FL		City & State Plantation, FL	
Zip 33324	Country Broward	Zip 33324	Country Broward

4. Date Incorporated or Qualified To Do Business in Florida 4/10/1979

5. FEI Number 59-1902221 [ ] Applied For [ ] Not Applicable

6. CERTIFICATE OF STATUS DESIRED [ ] $5.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Elliot Wortzel

Street Address (P.O. Box Number is Not Acceptable): 201 NW 82nd Ave.

Suite, Apt. #, Etc.: 305

City: Plantation, State: FL Zip Code: 33324

[x] The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 _____ Date _____
REGISTERED AGENT MUST SIGN

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
DR	Elliot M. Wortzel	201 NW 82nd Ave.	Plantation, FL 33324

REINSTATEMENT
01-08

10. I certify that I am an officer or director of 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 contained in Chapter 119, 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: _____ 10/14/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #