

APPROVED  
AND  
FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

02 AUG 30 PM 12:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 653244

1. Corporation Name

Michael D. Ozner, M.D., Professional Association

900007732769--1  
-09/13/02--01044--013  
\*\*\*1950.00 \*\*\*1950.00

2. Principal Office Address

8950 N. Kendall Drive

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite 405

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Zip

33176

Country

U.S.A.

Zip

Country

**REINSTATEMENT** 1994-2002

4. Date Incorporated or Qualified To Do Business in Florida 1/24/1980

5. FEI Number 59-1973191

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 Michael D. Ozner

Street Address (P.O. Box Number is Not Acceptable) 8950 North Kendall Drive

Suite, Apt. #, Etc. Suite 405

City Miami

State FL

Zip Code 33176

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

REGISTERED AGENT MUST SIGN

Date

8/26/02

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,S,T,D	Michael D. Ozner	8950 N. Kendall Drive #405	Miami, FL 33176

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: Michael OZNER, M.D. 8/26/02 305-596-4545

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (8/01)