PLEASE READ	ALL INSTRU	CTIONS BEFORE C	OMPLETING THIS FO	 PRM.
APPLICATION FOR 85-97 Sandra B. Mortham Secretary of State			PRÖVED AND ILED	
DOCUMENT # 693573			97 APR 21 AM 8: 38	
1. Corporation Name Southeast Medical F	SECHETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Business 7700 North V Suite 415 Miami, Float If above addresses are incorrect in any way, line through	rida 33	156		
2. New Principal Office Address, If Applicable	pplicable 3. New Mailing Office Address, If A		Date Incorporated or Qualified To Do Business in Florida	August 1,1981
Suite, Apt. #, etc. City & State	Suite, Apt. #, etc.		5. FEI Number	Applied For
Zip Country	City & State	Country	<u>59-210 9821</u>	Not Applicable \$3.75 Additional Fee required
7. Names and Street Addresses of Each Officer and/	<u> </u>		CERTIFICATE OF STATUS DESIRED	for a Certificate of Status
Title(s) Name of Officers and/or Directors 3 (D		Street Address of Each Officer and/or Director (Do NOT Use Post Office Box N	lumbers) 4	City / State / Zip
		Mami FL 331	54	
2000021542129 -04/24/9701115011 **********************************				
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			200021 -04/24/9 ***2003	5424/24/9/ 9701115012 3.75 ****2003.75
8. Name and Address of Current Registered Agent Name			9. Name and Address of New Regis	stered Agent
			.O. Box Number is Not Acceptable)	655
Lom Leitman 7700 N. Kendali Miami, FL 3315	Suite, Apt. #, Etc.	Suite, Apt. #, Etc.		
	City	FL		
Signature of Registered Agent				
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No				
12. 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: LORN LEITMAN 4/17/19 305) 279-8943				