PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAR 25 AM 11:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 761038

REINSTATEMENT 05-04

1. Corporation Name

ISLAND PROFESSIONAL COMPLEX ASSOCIATION, INC.

2. Principal Office Address	3. Mailing Office Address
375 S. Courtenay Pkwy	375 S. Courtenay Pkwy
Suite, Apt. #, etc.: Unit 4	Suite, Apt. #, etc.: Unit 4
City & State: Merritt Island, FL	City & State: Merritt Island, FL
Zip 32952 Country USA	Zip 32952 Country USA

4. Date Incorporated or Qualified To Do Business in Florida: 12/11/81

5. FEI Number: #59-1753201 ☐ 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: John L. Soileau, Esquire

Street Address (P.O. Box Number is Not Acceptable): 3490 North U.S. Highway 1

Suite, Apt. #, Etc.:

City: Cocoa State: FL Zip Code: 32926

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03/29/04--01108--006 **140.00

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 3/22/04

REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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
D/P	Kent N. Leifer, M.D.	c/o Kent Leifer, M.D. 375 S. Courtenay Pkwy, #4	Merritt Isl, FL 32952
D/VP	Bruce Milburn, M.D.	c/o Kent Leifer, M.D. 375 S. Courtenay Pkwy #4	Merritt Isl, FL 32952
D/S/T	Kent N. Leifer, M.D.	c/o Kent Leifer, M.D. 375 S. Courtenay Pkwy #4	Merritt Isl, FL 32952
D	Leon A. Cohen, M.D.	c/o Kent Leifer, M.D. 375 S. Courtenay Pkway #4	Merritt Isl, FL 32952
D	John W. Knappman, M.D.	c/o Kent Leifer, M.D. 375 S. Courtenay Pkway #4	Merritt Isl, FL 32952
D	Russell Weinstein, M.D.	c/o Kent Leifer, M.D. 375 S Courtenay Pkwy #4	Merritt Island, FL 32952

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: Kent N. Leifer KENT N. LEIFER, M.D. 3-12-04 321-452-4730

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #