FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 03 OCT -1 PM 12:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT 02-07

DOCUMENT # F00000007001

1. Corporation Name

MEDICAL-THERAPY & DIAGNOSTIC GROUP WALK IN CLINIC, INC.

2. Principal Office Address	3. Mailing Office Address
901 1/2 EAST HENRY AVE	901 1/2 EAST HENRY AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TAMPA, FL	City & State: TAMPA, FL
Zip: 33604 Country: US	Zip: 33604 Country: US

4. Date Incorporated or Qualified To Do Business in Florida: 12/18/2000

5. FEI Number: 65-0798067 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: EMILCEE SANDERS

400023872114
10/17/03--01025--025 **900.00

Street Address (P.O. Box Number is Not Acceptable): 901 1/2 EAST HENRY AVE

Suite, Apt. #, Etc.:

City: TAMPA State: FL Zip Code: 33604

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
D	EMILCEE SANDERS	901 1/2 EAST HENRY AVE	TAMPA, FL 33604

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(8)(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: _____ 10-1-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Emilcee E. Sanders

jr 10/21