

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # F07000001930**

1. Corporation Name

**Best Doctors, Inc**

2. Principal Office Address - No P.O. Box #

**One Boston Place 32nd Floor**

Suite, Apt. #, etc.

City & State

**Boston**

Zip

**02108**

Country

**USA**

3. Mailing Office Address

**One Boston Place 32nd Floor**

Suite, Apt. #, etc.

City & State

**Boston**

Zip

**02108**

Country

**USA**

500182964215  
07/06/10--01068--017 \*\*1050.00

**REINSTATEMENT 08-10**

4. Date Incorporated or Qualified  
To Do Business in Florida

**April 10, 2007**

5. FEI Number  
**04-2908444**

☐ 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

**Lester Salces**

Street Address (P.O. Box Number is Not Acceptable)

**5301 Blue Lagoon Drive**

Suite, Apt. #, Etc.

City  
**Miami**

State  
**FL**

Zip Code  
**33126**

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 **6/24/10**

**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
	See attached listing		

10. E-mail Address: **sorlandella@bestdoctors.com**

(To be used for future annual report notification)

11. 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. I further certify, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6/24/10**

Date

Daytime Phone #

**617-226-3663**

7/800

## Section A - 2010

Title	Name	Address	Term Expiration
President (Director)	Evan Falchuk	One Boston Place 201 Washington Street Boston, MA 02108	Until successor is duly elected and qualified
Treasurer	John Varvaris	One Boston Place 201 Washington Street Boston, MA 02109	Until successor is duly elected and qualified
Secretary	Hal Schwartz	One Boston Place 201 Washington Street Boston, MA 02110	Until successor is duly elected and qualified
Director (CEO)	David Seligman	One Boston Place 201 Washington Street Boston, MA 02108	Until successor is duly elected and qualified
Director	Kenneth Falchuk	One Boston Place 201 Washington Street Boston, MA 02111	Until successor is duly elected and qualified
Director	Jose Halperin	One Boston Place 201 Washington Street Boston, MA 02112	Until successor is duly elected and qualified
Director	Wolfgang Engshuber	One Boston Place 201 Washington Street Boston, MA 02113	Until successor is duly elected and qualified
Director	Edward Henderson	One Boston Place 201 Washington Street Boston, MA 02114	Until successor is duly elected and qualified
Director	Joseph Riley	One Boston Place 201 Washington Street Boston, MA 02115	Until successor is duly elected and qualified
Director	Eric Kriss	One Boston Place 201 Washington Street Boston, MA 02116	Until successor is duly elected and qualified