PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 JUN 12 AM 8:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F43194

1. Corporation Name
~~First-Med Primary Associates, P.A.~~
First-Med Primary Care Associates, P.A.

N02000014017 00-02

REINSTATEMENT 00-02

2. Principal Office Address	**3.** Mailing Office Address
9380 SW 150 St.	9380 SW 150 St.
Suite, Apt. #, etc.: Suite 100	Suite, Apt. #, etc.: Suite 100
City & State: Miami, FL	City & State: Miami FL
Zip: 33176 Country: USA	Zip: 33176 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 2/2/95

5. FEI Number: 59-2123773 — 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 T. McAdory, MD.
Street Address (P.O. Box Number is Not Acceptable): 9380 SW 150 St
Suite, Apt. #, Etc.: Suite 100
City: Miami — State: FL — Zip Code: 33176

900.00 - Adm
61.25 - AR
88.75 - ARSUPP

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: [signature] MD — Date: 5/1/02
REGISTERED AGENT MUST SIGN

CR2E081 (9/99)

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
President	John T. McAdory MD	9380 SW 150 St, Suite 100	Miami, FL 33176
			900005895739--1 -06/21/02--01011--007
			***1050.00 ***1050.00

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: [signature] MD — 5/1/02 — 305 253-2665
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ~~OR DIRECTOR~~ — Date — Daytime Phone #