PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 DEC 10 PM 3:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F84560

1. Corporation Name
Roger H. Shelling, M.D., P.A.

100025101571
12/10/03--01071--009 **1808.75

2. Principal Office Address	3. Mailing Office Address
5601 North Dixie Highway	5601 North Dixie Highway
Suite, Apt. #, etc.: Suite 317	Suite, Apt. #, etc.: Suite 317
City & State: Fort Lauderdale, Florida	City & State: Fort Lauderdale, Florida
Zip: 33334 Country: USA	Zip: 33334 Country: USA

4. Date Incorporated or Qualified To Do Business In Florida: 06/28/1982

5. FEI Number: 592206191 (Applied For / Not Applicable)

6. CERTIFICATE OF STATUS DESIRED ☑ $5.00 Additional Fee for Certified Copy

7. Name and Address of Current Registered Agent

Name: Roger H. Shelling, M.D.

Street Address (P.O. Box Number is Not Acceptable): 5601 North Dixie Highway

Suite, Apt. #, Etc.: Suite 317

City: Fort Lauderdale State: FL Zip Code: 33334

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: Roger H Shelling M.D. REGISTERED AGENT MUST SIGN Date: December 2, 2003

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	Roger H. Shelling, M.D.	5601 North Dixie Highway, Suite 317	Fort Lauderdale, Florida 33334

REINSTATEMENT 96-03 TS

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: Roger H Shelling M.D. Roger H Shelling M.D. 12/4/03 954-772-8207
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #