PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
04 FEB 12 PM 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

$750.

900

REINSTATEMENT
300028639983
02/12/04--01023--011 **900.00

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F98833

1. Corporation Name
VMD ASSOCIATES, INC

2. Principal Office Address		3. Mailing Office Address	
P.O. BOX 4118		P.O. BOX 4118	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
PENSACOLA, FL		PENSACOLA, FL	
Zip	Country	Zip	Country
32507	USA	32507	USA

4. Date Incorporated or Qualified To Do Business in Florida 09/09/82

5. FEI Number 59-2223052 — 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: Shelly Ashley DVM

Street Address (P.O. Box Number is Not Acceptable): 6448 E. Bay Blvd

Suite, Apt. #, Etc.:

City: ~~PENSACOLA~~ Gulf Breeze | State: FL | Zip Code: ~~32506~~ 32563

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 2-4-04
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
PD	BELCHER, WALLACE R DVM	71 N FAIRFIELD DR	PENSACOLA, FL 32506
VPD	CALLOWAY, SUE DVM	4190 BAUER RD	PENSACOLA, FL 32514
ST	STEWART, JEANNE DVM	10229 CHEMSTRAND RD	PENSACOLA, FL 32514
ST	SHELLY, ASHLEY	6448 E BAY BLVD	Gulf Breeze 32563
PD	HILLMAN, ANDY	2101 N PALAFOX	PENSACOLA, FL 32501
D	MORGAN, MICHAEL K DVM	2433 E LANGLEY AVE	PENSACOLA, FL 32504

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: X _____ Shelly Ashley DVM 2-4-04 850 435-1349
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #