
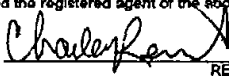
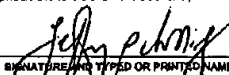


Dec. 6. 2001 11:11AM

FAX AUDIT NUMBER: H01000115685 9

No. 5019 P. 2/2
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM 4:00

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F99000005214					
1. Corporation Name ECS of Louisiana, A Professional Medical Corporation					
2. Principal Office Address 1001 Ives Dairy Road Suite, Apt. #, etc. Suite 206		3. Mailing Office Address 1001 Ives Dairy Road Suite, Apt. #, etc. Suite 206		REINSTATEMENT - 01	
City & State North Miami, FL		City & State North Miami, FL		4. Date Incorporated or Qualified To Do Business in Florida 10-8-99	
Zip 33179	Country USA	Zip 33179	Country USA	5. FEI Number 56-2106091	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				30.75 Additional Fee required for a Certificate of Status	
7. Name and address of New Registered Agent					
Name Registered Agents of Florida, LLC					
Street Address (P.O. Box Number is Not Acceptable) 100 SE 2 nd Street					
Suite, Apt. #, Etc. Suite 3500					
City Miami			State FL	Zip Code 33131	
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 		Charles J. Rennert, Vice President		Date 11-29-01	
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	
DP	David Schillinger	1001 Ives Dairy Road, Suite 206		North Miami, Florida 33179	
DV	Jeffrey Schillinger	1001 Ives Dairy Road, Suite 206		North Miami, Florida 33179	
DST	Anita Wegner	1001 Ives Dairy Road, Suite 206		North Miami, Florida 33179	
10. I hereby 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)(b), 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 		Jeffrey Schillinger, Vice President		Date 11-29-01 305-944-9990	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

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Florida Department of State

Division of Corporations
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To:

Division of Corporations
Fax Number : (850)205-0384

From:

Account Name : BERMAN WOLFE RENNERT VOGEL & MANDLER, P.A.
Account Number : 076103002011
Phone : (305)577-4177
Fax Number : (305)373-6036

CORPORATION REINSTATEMENT

ECS OF LOUISIANA, A PROFESSIONAL MEDICAL CORPORATION

Certificate of Status	1
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Estimated Charge	\$908.75