


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # **G03225**

1. Corporation Name
MUHAMMED Y. MEMON, M.D., P.A.


Principal Place of Business Mailing Address

2400 HARBOR BLVD., Suite 10 **2400 HARBOR BLVD., Suite 10**
PT CHARLOTTE FL 33952 **PT CHARLOTTE FL 33952**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable 2400 Harbor Blvd Suite, Apt. #, etc. Suite 10 City & State Port Charlotte, FL Zip 33952 Country USA	3. New Mailing Office Address, If Applicable 2400 Harbor Blvd Suite, Apt. #, etc. Suite 10 City & State Port Charlotte, FL Zip 33952 Country USA
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FILED
 01 OCT 18 PM 4:28
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



REINSTATEMENT 2001

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PVT	MEMON, MUHAMMED Y	24646 NOVA LANE 235 Fields Terrace	PUNTA GORDA FL Port Charlotte, FL 33952
S	MEMON, MUHAMMED Y	24646 NOVA LANE 235 Fields Terrace	PUNTA GORDA FL Port Charlotte, FL 33952
			100004663581--6 -11/02/01--01016--020 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

MEMON, MUHAMMED Y
2400 HARBOR BLVD., Suite 10
PORT CHARLOTTE FL 33952

9. Name and Address of New Registered Agent

Name **Muhammed Y. Memon, MD**
 Street Address (P.O. Box Number is Not Acceptable) **2400 Harbor Blvd**
 Suite, Apt. #, Etc. **Suite 10**
 City **Port Charlotte** State **FL** Zip Code **33952**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent **SIGNATURE REQUIRED** Date **10-11-01**
 REGISTERED AGENT MUST SIGN

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 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 REQUIRED Date **10-11-01** Daytime Phone # **941-625-0613**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (8/01)