PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
02 NOV 22 PM 12:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G30644

1. Corporation Name

Lake Medical Services, Inc.

REINSTATEMENT 01-02

700005351747
12/04/02--01053--016 **900.00

2. Principal Office Address	3. Mailing Office Address
201 North Eustis Street	201 North Eustis Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Eustis, FL	City & State: Eustis, FL
Zip: 32726 Country: USA	Zip: 32726 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 59-2330115 ☐ 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: Ken Mattison

Street Address (P.O. Box Number is Not Acceptable): 201 North Eustis Street

Suite, Apt. #, Etc.:

City: Eustis State: FL Zip Code: 32726

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 _____

REGISTERED AGENT MUST SIGN

CR2E061 (9/01)

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
VP	Carrie Fish	201 North Eustis Street	Eustis, FL 32726

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: Carrie Fish CARRIE L FISH 11.18.02 352.589.3521

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #