

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS		<div style="text-align: right;"> 99 JUL 27 PM 1:58 FLORIDA DEPARTMENT OF STATE TALLAHASSEE, FLORIDA 900002950579--0 -08/04/99--01074--020 ***1050.00 ***1050.00 </div> <div style="text-align: center; font-size: 2em; font-weight: bold;"> REINSTATEMENT </div>	
DOCUMENT # 1198806					
1. Corporation Name Perfusion Associates of Pinellas, Inc.					
Principal Place of Business P.O. Box 8132 Clearwater, FL 34618		Mailing Address P.O. Box 8132 Clearwater, FL 34618			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable 16818 Via Del Campo Ct. Suite, Apt. #, etc.		3. New Mailing Address, If Applicable 1 Baxter Parkway Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 2-12-86	
City & State San Diego, CA		City & State Deerfield, IL		5. FEI Number 59-2636290	
Zip 92127		Country Orange		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 Directors)					
1	Title(s)	2	Name of Officers and/or Directors	3	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)
	D/S		Denise E. Botticelli		16818 Via Del Campo Ct.
	D/VP		Jay P. Wertheim		17221 Red Hill Avenue
	P		John F. DeVaney		16818 Via Del Campo Ct.
	T		Robert Sellers		16818 Via Del Campo Ct.
	Asst. T		Timothy M. McDonald		One Baxter Parkway, DF6-4W
					Deerfield, IL 60015
					LS
8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent		
Larry W. Partain 1912 Dunloe Circle Dunedin, FL 34698			Name CT Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road Suite, Apt. #, Etc. City Plantation		
			State FL		
			Zip Code 33324		
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		REGISTERED AGENT MUST SIGN		Date 7/26/99 Francis P. Regan, Assistant Secretary	
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)					
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3) (k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:		Timothy M. McDonald		7/15/99	
SIGNATURE AND TYPED OR PRINTED NAME SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone # 1.847.948.2493	

CR20040 (12/95)