


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 583168

1. Corporation Name
MILA MICIAN, M.D., P.A.
3619 W. WATERS AVENUE
TAMPA, FLORIDA 33614

2. Principal Office Address 3619 W. WATERS AVE. Suite, Apt. #, etc. - City & State TAMPA, FLORIDA Zip 33614 Country USA		3. Mailing Office Address 3619 W. WATERS AVE. Suite, Apt. #, etc. - City & State TAMPA, FLORIDA Zip 33614 Country USA	
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FILED
06 APR 28 AM 12:34
300074535143
05/14/06--01001--015 **450.00
CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida 07/13/1987

5. FEI Number 59-2821229
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 MILA MICIAN, M.D.
Street Address (P.O. Box Number is Not Acceptable)
3619 W. WATERS AVENUE
Suite, Apt. #, Etc. -
City TAMPA State FL Zip Code 33614

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 Mr. Lusteran Jy PA Date 4/26/06
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
0	MILA MICIAN, M.D.	16020 GLEN HAVEN DRIVE	TAMPA FLORIDA 33618

B 5/19/04
REINSTATEMENT 04 ub

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 contained in Chapter 119, 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: Mr. Lusteran Jy PA Date 4/26/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

(813) 932-8866

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Mila Mician, M.D.

TELEPHONE (813) 932-8866
3619 W. WATERS AVENUE
TAMPA, FLORIDA 33614
FAX (813) 932-9668

April 26, 2006

Division of Corporation
P.O. Box 6327
Tallahassee, Florida 32314

Attention Tyrone Scott,

We did not receive notice for our Annual Uniform Report for 2004 and did not receive any notice of re-instatement. We would appreciate if you could please waive all the late fees. If you need to contact me please feel free to call my office at (813) 932-8866.

Thank you for your assistance in this matter,

Sincerely,



Mila Mician, M.D.