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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

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

DOCUMENT # K30347

1. Corporation Name
Keith P. Hussey, M.D., P.A.

2. Principal Office Address	3. Mailing Office Address
681 Goodlette Road	c/o Kimberly Leach Johnson 4501 Tamiami Trail North
Suite, Apt. #, etc. #130	Suite, Apt. #, etc. Suite 300
City & State Naples, FL	City & State Naples, FL
Zip: 34102 Country: USA	Zip: 34103 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 8/5/1998

5. FEI Number: 650063278 ☐ 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: Naples-Lawdock, Inc.

Street Address (P.O. Box Number is Not Acceptable): 4501 Tamiami Trail North

Suite, Apt. #, Etc.: Suite 300

City: Naples | State: FL | Zip Code: 34103

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 7/2/02

REGISTERED AGENT MUST SIGN

CR2E084 (1/91)

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
D	Keith P. Hussey, M.D.	681 Goodlette Road North	Naples, FL 34102

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: _____ 7/2/02

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

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Division of Corporations

2 of 2

Florida Department of State

Division of Corporations

Public Access System

Katherine Harris, Secretary of State

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

From:
Account Name : QUARLES & BRADY LLP
Account Number : I20000000067
Phone : (941)262-5959
Fax Number : (941)434-4999

CORPORATION REINSTATEMENT

KEITH P. HUSSEY, M.D., P.A.

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	$908.75