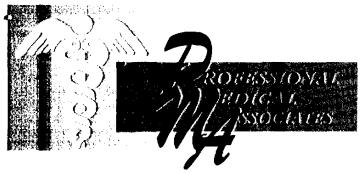
| PLEASE READ ALL INSTRICTIONS BEFORE COMPLETED TO THE ADEPARTMENT OF STATE CANDRIA B. Mortham Sectory of State DIVISION OF CORPORATIONS DOCUMENT # 1. Corporation Name Professional Medical Associates of | | | FILED 97 OCT 27 PM 2: 39 |
|--|--|---|---|
| Principal Place of Business Mailing Address 5150 S. Ferdon Blvd. 5150 S. Ferdon Blvd Crestview, FL 32536 Crestview, FL 32536 | | | SECRETARY OF STATE TALLAHASSEE, FLORIDA |
| New Principal Office Address, If Applicable 3. New Malling Office Address, If Applicable 3. New Malling Office Address, If Applicable 4. Suite, Apt. #, etc. 5. Suite, Apt. #, etc. 6. City & State | | | 4. Date Incorporated or Qualified To Do Business in Florida 4/20/1989 5. FEI Number Applied For Not Applicable |
| Žip Country | Zip Countr | у | 6. CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status |
| 1 2 3 (Do NOT Use Post Office Box Numbers) 4 | | Numbers) 4 City / State / Zip | |
| ST D Teresa C. Kelley 5150 S. Ferd | | | |
| | | | 6000023321965 -10/29/9701031004 ****165.00 ****165.00 |
| 8. Name and Address of Current R | enistered Americans | | D. Neme and Address of New Devictory of Asset |
| Cadenhead, Chris 420 East Pine Street Crestview, FL 32536 | | 9. Name and Address of New Registered Agent Name Lundy and Bowers, CPA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1584 S. Pearl Street Suite. Apt. #, Etc. City Crestview, State 32536 | |
| 10. I, being appointed the registered agent of the above Signature of Registered Agent | e named corporation, am familiar with the second of the se | | |
| 11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes 🗷 No 🗌 (See other side for information on intangible tax.) | | | |
| 12. 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 filling 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 feel 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: A. Ross Leo, Pres. 10/22/97 850/682-7777 SIGNATURE AND TYPED OR PRINDED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayling Priorie # | | | |



The LEADER in Home Respiratory Care

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Joint Commission
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Florida Department of State Attention: Sandra B. Mortham Secretary of State Divisions of Corporations P.O. Box 6327 Tallahassee, FL 32314

October 22, 1997

Dear Ms. Mortham:

On October 14, 1997 during normal business procedures with Barnett Bank, we were advised that our corporation was showing being terminated. For whatever reason our records show that we were never notified by our Registered Agent to file the necessary documents. Your office advised me that two notices were sent out; neither reached my office. In order that this does not happen again, I am changing our Registered Agent to our CPA firm.

After discussions with your office, I am enclosing a check in the amount of \$165.00, along with the necessary completed form and respectfully request that you accept the regular fee amount, due to extenuating circumstances. I would appreciate your honoring this request.

Cordially,

A. Ross Leo President

a. Jon Les

enclosure

/tck