PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

[redacted]

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

97 NOV 13 PM 2:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K95293

1. Corporation Name
KUSHER MEDICAL MANAGEMENT SERVICES, INC. -97-

Principal Place of Business	Mailing Address
~~1967 TIGERTAIL BLVD.~~	~~1967 TIGERTAIL BLVD.~~
~~DANIA FL 33004~~	~~DANIA FL 33004~~

REINSTATEMENT 97

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
3921 SW 47th Ave.	3921 SW 47th Ave
Suite, Apt. #, etc. 1006	Suite, Apt. #, etc. 1006
City & State Ft. LAUDERDALE, FL	City & State Ft. LAUDERDALE, FL
Zip 33314 Country USA	Zip 33314 Country USA

4. Date Incorporated or Qualified To Do Business in Florida: 06/14/1989

5. FEI Number: 65-0129983 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ **$8.75 Additional Fee required for a Certificate of Status**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PSTD	KUSHER, ERIC	1967 TIGERTAIL BLVD.	DANIA FL 33004

100002350561--2
-11/18/97--01058--003
****750.00 ****750.00

D. Alan 11/13/97

8. Name and Address of Current Registered Agent

KUSHER, ERIC
~~1967 TIGERTAIL BLVD.~~
~~DANIA FL 33004~~

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable) 3921 SW 47th Ave.

Suite, Apt. #, Etc. 1006

City Ft. LAUDERDALE | State FL | Zip Code 33314

CR2E040 (8/97)

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 E. M. K. Date 11/10/97

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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 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: E. M. K. ERIC M. KUSHER 11/10/97 954-316-6699

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