

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 30 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000008295

1. Corporation Name

Sebring Emergency Physicians, LLC

600024294256
10/30/03--01058--017 **150.00

2. Principal Office Address

3107 Stirling Road

3. Mailing Office Address

Suite, Apt. #, etc.

Suite #101

Suite, Apt. #, etc.

City & State

Fort Lauderdale, Florida

City & State

Zip

33312

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

April 5, 2002

5. FEI Number

03-0427705

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name

C T CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable)

1200 S. PINE ISLAND ROAD

Suite, Apt. #, Etc.

City

PLANTATION

State

FL

Zip Code

33324

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 AgentPETER F. SOUZA
ASSISTANT SECRETARY

Date 10/28/2003

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
Pres	Jeffrey Schillinger	3107 Stirling Road, Suite #101	Fort Lauderdale, FL 33312
VP	David Schillinger	3107 Stirling Road, Suite #101	Fort Lauderdale, FL 33312

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)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/29/03

Date

954-981-6383

Daytime Phone #