

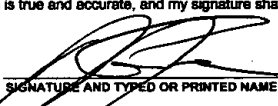


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L77174			
1. Corporation Name Medical Partners Equities, Inc.			
2. Principal Office Address 3390 Kori Road Suite, Apt. #, etc. City & State Jacksonville, FL Zip 32257		3. Mailing Office Address 3390 Kori Road Suite, Apt. #, etc. City & State Jacksonville, FL Zip 32257	
Country Duval		Country Duval	
4. Date Incorporated or Qualified To Do Business in Florida 06/01/1990		5. FEI Number 59-3038425	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Applied For Not Applicable	
7. Name and Address of Current Registered Agent			
Name Brett J. Lewis			
Street Address (P.O. Box Number is Not Acceptable) 3390 Kori Road			
Suite, Apt. #, Etc.			
City Jacksonville,		State FL	Zip Code 32257
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 8/28/2001	
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
D, P	Brett J. Lewis	3390 Kori Road	Jacksonville, FL 32257
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: 		8/28/2001 (904) 662-6615	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

APPROVED
AND
FILED

01 SEP 17 PM 11:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2001 (8/00)