


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

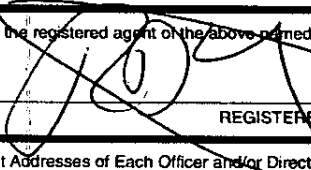
CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L77481			
1. Corporation Name Rodney D. Young MD, PA			
2. Principal Office Address 1190 NW 95 th Street Suite, Apt. #, etc. 305 City & State Miami, FL Zip 33150 Country USA		3. Mailing Office Address 1190 NW 95 th Street Suite, Apt. #, etc. 305 City & State Miami, FL Zip 33150 Country USA	

FILED
04 MAY -7 AM 11:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

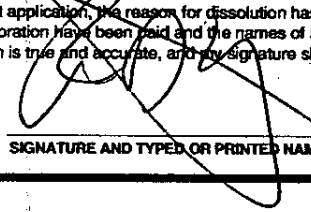
REINSTATEMENT 03-04
900032264629
04/09/04--01029--017 **908.75

4. Date Incorporated or Qualified To Do Business in Florida 5-31-1990	
5. FEI Number 650218671	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name Rodney D. Young MD		
Street Address (P.O. Box Number is Not Acceptable) 14135 N. Miami Ave		
Suite, Apt. #, Etc.		
City Miami	State FL	Zip Code 33168

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
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
P	Rodney D. Young MD	14135 N Miami Ave	Miami, FL 33168
VP	Linda G. Young	14135 N. Miami Ave	Miami, FL 33168

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 the signature shall have the same legal effect as if made under oath.	
SIGNATURE: 	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Rodney D. Young MD
Date 4-6-2004	Daytime Phone # 305-835-7211

CR20081 (01/04)