

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

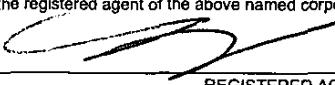
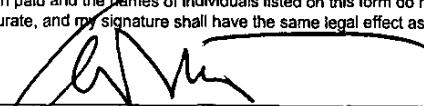
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 06-08

CR2E081 (12/07)

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L86298			
1. Corporation Name physicians care, P.A			
2. Principal Office Address - No P.O. Box # 132 E Madison st		3. Mailing Office Address 132 E Madison st	
Suite, Apt. #, etc. bx		Suite, Apt. #, etc.	
City & State Starke, FL		City & State Starke, FL	
Zip 32091	Country U.S.A	Zip 32091	Country U.S.A
7. Name and Address of Current Registered Agent			
Name Charles Dan Sikes			
Street Address (P.O. Box Number is Not Acceptable) 817 Mc Mahon Street			
Suite, Apt. #, Etc.			
City Starke		State FL	Zip Code 32091
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 2.24.08	
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 PDT		Name of Officers and/or Directors George Restea, MD	
		Street Address of Each Officer and/or Director 132 E Madison st	
		City / State / Zip Starke, FL 32091	
500119999365 03/17/08-01027-020 **1358.75			
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 contained in Chapter 119, 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: 		Date 2.26.08 904-964-6500	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Charles Dan Sikes		Daytime Phone #	

5/13/08