PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED AND FILED

1997 APR -3 PM 1:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR 95-97 REINSTATEMENT

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

DOCUMENT # M94716

1. Corporation Name

LRS MEDICAL VENTURES, INC.

Principal Place of Business | Mailing Address

7061 Cypress Creek Road
Suite 104
Plantation, Florida 33317

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

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip | Country

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip | Country

4. Date Incorporated or Qualified To Do Business in Florida: August 17, 1988

5. FEI Number: 65-0631380 | 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 3 (Do NOT Use Post Office Box Numbers)	City / State / Zip 4
P/T/S/D	Lawrence R. Spira	7061 Cypress Creek Road Suite 104	Plantation, FL 33317
V/D	Vicki Burrier	7061 Cypress Creek Road Suite 104	Plantation, FL 33317

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REINSTATEMENT 95-97 ?80 4/3/97

8. Name and Address of Current Registered Agent

Vicki Burrier
7061 Cypress Creek Road
Suite 104
Plantation, FL 33317

9. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number Is Not Acceptable)
Suite, Apt. #, Etc.
City | State FL | Zip Code

CR2E040 (12/96)

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 X Vicki Burrier
Vicki Burrier REGISTERED AGENT MUST SIGN
Date March 20, 1997

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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: Vicki Burrier
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Vicki Burrier, Vice Presidient/Director
Date: March 20, 1997
Daytime Phone #: (954) 316-0277