2011 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N0000005089

Feb 15, 2011 Secretary of State

Entity Name: RED CRESCENT CLINIC OF TAMPA, INC.

New Principal Place of Business: Current Principal Place of Business:

7328 EAST SLIGH AVENUE TAMPA, FL 33610

Current Mailing Address: New Mailing Address:

7328 EAST SLIGH AVENUE TAMPA, FL 33610

FEI Number: 59-3664272 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

AMAN, JEFFREY A ESQ C/O AMAN & LINS, P.A. 14502 N. DALE MÁBRY HWY STE 300

101 N. CÓLLINS ST TAMPA, FL 33618 US PLANT CITY, FL 33563 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both,

COTON, DANIEL M ESQ

TRINKLÉ, REDMAN, SWANSON, COTON, DAVIS & S

in the State of Florida.

SIGNATURE: DANIEL M. COTON 02/15/2011

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

SIDDIQUE, MAQSOOD, M.D. Name: Address: 19012 SAINT LAURENT DR.

City-St-Zip: LUTZ, FL 33558

Title:

Name: SABA, HUSSAIN M.D. Address: PO BOX 111 City-St-Zip: LUTZ, FL 33549

Title:

CHAUDHRY, YAHYA Name: 3209 POLO PLACE Address: City-St-Zip: PLANT CITY, FL 33567

Title:

Name: KHAN, SAIRA S

303 NO. PLANT AVENUE Address: City-St-Zip: PLANT CITY, FL 33563

Title:

BREWER, LESLIE D Name: 303 N. PLANT AVE. Address: PLANT CITY, FL 33563 City-St-Zip:

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: YAHYA CHAUDHRY DIRE 02/15/2011