

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N00188 1. Corporation Name THE MIAMI CANCER CONFERENCE, INC.			
2. Principal Office Address 2456 BAY ISLE CT. Suite, Apt. #, etc. City & State WESTON FL Zip 33327 Country U.S.A.		3. Mailing Office Address 2456 BAY ISLE CT. Suite, Apt. #, etc. City & State WESTON, FL Zip 33327 Country U.S.A.	
		4. Date Incorporated or Qualified To Do Business in Florida 12/05/1983	
		5. FEI Number 59-2450554 Applied For Not Applicable	
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent Name STEVEN A. DAVIS, CPA Street Address (P.O. Box Number is Not Acceptable) C/O KAUFMAN, ROSSIN & CO. Suite, Apt. #, Etc. 2699 S. BAYSHORE DRIVE City MIAMI State FL Zip Code 33133			
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 <i>he a d</i> Date 7-24-03 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 Officers and/or Director	City/State/Zip
P	DANIEL OSMAN, MD	PALMETTO GENERAL HOSP. 2001 W. 68TH STREET	HIALEAH, FLORIDA 33016
T	LOIS OSMAN, MD	2456 Bay Isle CT 600 BILTMORE WAY #616	Weston 33327 MIAMI, FLORIDA 33134
V	ALAN LEWIN, MD	8900 N. KENDALL DRIVE	MIAMI, FLORIDA 33176
S	ROBERT DERHAGOPIAN, MD	6280 SUNSET DR., #504	MIAMI, FLORIDA 33143
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: <i>Lois Osman</i>		Date 7-26-03	Daytime Phone # 954-888-9472
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

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