

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # NO1000001087

1. Corporation Name

RAULERSON HOSPITAL MEDICAL STAFF, INC.

FILED

03 JAN 30 AM 11:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT

72-03

2. Principal Office Address		3. Mailing Office Address	
210 N.E. 19th Drive Suite, Apt. #, etc.		210 N.E. 19th Drive Suite, Apt. #, etc.	
City & State Okeechobee, Florida		City & State Okeechobee, Florida	
Zip 34972	Country Okeechobee	Zip 34972	Country Okeechobee
4. Date Incorporated or Qualified To Do Business in Florida <b>2/15/2001</b>			
5. FEI Number <b>65-1104247</b>			
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <small>1875 Annual Franchise Tax Non-Resident Corporation</small>			

7. Name and Address of Current Registered Agent

Name <b>LILIA D. LADIA</b>	1000012309511 02/11/03-01020-021-**237.50		
Street Address (P.O. Box Number is Not Acceptable) 210 N.E. 19th Drive			
Suite, Apt. #, Etc.			
City Okeechobee	State <b>FL</b>	Zip Code <b>34972</b>	

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 817.0503, F.S.

Signature of  
Registered Agent

*Lilia D. Ladia*

Date **1/ / 03**

REGISTERED AGENT MUST SIGN

CRE8081901

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	CHRISTOPHER MAVROIDES, MD	1922 Hwy. 441 North	Okeechobee, FL 34972
VP/D	ARMANDO A. SANTELICES, MD	212 N.E. 19th Drive	Okeechobee, FL 34972
ST/D	ARIF SHAKOOR, MD	265 N.E. 19th Drive	Okeechobee, FL 34972
D	LILIA D. LADIA, MD IQBAL AHMED, MD	210 N.E. 19th Drive 2022 N.E. 19th Drive	Okeechobee, FL 34972 Okeechobee, FL 34972
D	MANUEL GARCIA, MD TAHIR NAEEM, MD	306 N.E. 19th Drive 1924 Hwy. 441 North	Okeechobee, FL 34972 Okeechobee, FL 34972
D	MIGUEL ESPIRITU, MD	304 N.E. 19th Drive	Okeechobee, FL 34972

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 807 or 817, 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 807.0401 or 817.0401, 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)(f), 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:

*Barbara*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/03 (863) 763-5666  
Date Daytime Phone #