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Jul 13 2006 2:53PM 954.566.7115 P.2

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N01000006272

1. Corporation Name
Physicians Guild of America, Inc.

REINSTATEMENT 03-06 DSC

CR2E061 (12/05)

2. Principal Office Address	3. Mailing Office Address
6685 Forest Hill Blvd.	Same
Suite 211	
Wellington, FL	
33414 USA	

4. Date Reinstated or Qualified To Do Business in Florida: June 15, 2000

5. FEI Number: 651069841 (Applied For / Not Applicable)

6. CERTIFICATE OF STATUS ISSUED ☐

7. Name and Address of Current Registered Agent

Perlman, Yevoli & Albright, P.L.
1500 N. FEDERAL HWY
SUITE 250
Ft. Lauderdale FL 33304

8. I hereby appointed the registered agent of the above named corporation. I further with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: [signature] Date: July 12, 2006

REGISTERED AGENT MUST SIGN

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
DP	Wayne Jenkins	6685 Forest Hill Blvd., suite 211	Wellington, FL 33414
D S	Derrick Jenkins	6685 Forest Hill Blvd., suite 211	Wellington, FL 33414
D	Robert K. Fabric, M.D.	6685 Forest Hill Blvd., suite 211	Wellington, FL 33414

10. I certify that I am an officer or director of the corporation or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that unless 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: [signature] July 12, 2006, 954.566.7117

SIGNATURE AND TYPED OR PRINTED NAME OF REQUIRED OFFICER OR DIRECTOR — Date — Daytime Phone #

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Florida Department of State

Division of Corporations
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CORPORATION REINSTATEMENT

PHYSICIANS GUILD OF AMERICA, INC.

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Susie Knight ex 2956

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