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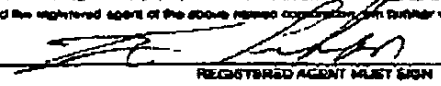
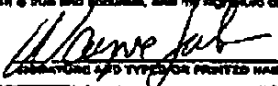
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                 |                                                                                   |                                          |                                                                                        |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|-----------------------------------------------------------------------------------|------------------------------------------|----------------------------------------------------------------------------------------|--|
| <b>CORPORATION<br/>REINSTATEMENT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                 |  |                                          | <b>FLORIDA DEPARTMENT OF STATE<br/>Secretary of State<br/>DIVISION OF CORPORATIONS</b> |  |
| <b>DOCUMENT # N01000006272</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                 |                                                                                   |                                          |                                                                                        |  |
| 1. Corporation Name<br><b>Physicians Guild of America, Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                 |                                                                                   |                                          |                                                                                        |  |
| 2. Principal Office Address<br><b>6685 Forest Hill Blvd.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 |                                                                                   | 3. Mailing Office Address<br><b>Same</b> |                                                                                        |  |
| Suite 211                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                 |                                                                                   | Suite, Apt. #, etc.                      |                                                                                        |  |
| City & State<br><b>Wellington, FL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                 |                                                                                   | City & State                             |                                                                                        |  |
| Zip<br><b>33414</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                 | Country<br><b>USA</b>                                                             |                                          | 4. Date Incorporated or Qualified To Do Business in Florida<br><b>June 15, 2000</b>    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                 |                                                                                   |                                          | 5. EIN Number<br><b>651069841</b>                                                      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                 |                                                                                   |                                          | Applied For<br>Not Applicable                                                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                 |                                                                                   |                                          | 6. CERTIFICATE OF STATUS REQUIRED <input type="checkbox"/>                             |  |
| 7. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                 |                                                                                   |                                          |                                                                                        |  |
| <b>Perman, Yevoli &amp; Albright, P.L.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                 |                                                                                   |                                          |                                                                                        |  |
| <b>1500 N. FEDERAL HWY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                 |                                                                                   |                                          |                                                                                        |  |
| <b>SUITE 250</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                 |                                                                                   |                                          |                                                                                        |  |
| <b>FL. LAUDERDALE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                 |                                                                                   |                                          |                                                                                        |  |
| State <b>FL</b> Zip <b>33304</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                 |                                                                                   |                                          |                                                                                        |  |
| 8. I, being reported the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0605, F.S.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                 |                                                                                   |                                          |                                                                                        |  |
| Signature of Registered Agent  Date <b>July 12, 2006</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                 |                                                                                   |                                          |                                                                                        |  |
| REGISTERED AGENT MUST SIGN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                 |                                                                                   |                                          |                                                                                        |  |
| 9. Name and Street Address of Each Officer and Director (Florida non-profit corporations must list at least 3 directors)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                 |                                                                                   |                                          |                                                                                        |  |
| Title                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Name of Officer and/or Director | 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 when 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 no person who had the same legal effect as if made under oath. |                                 |                                                                                   |                                          |                                                                                        |  |
| SIGNATURE:  July 12, 2006, 954.566.7117                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                 |                                                                                   |                                          |                                                                                        |  |
| PRINTED NAME AND TYPE OF PRINTED NAME OF RECORDING OFFICE OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                 |                                                                                   |                                          |                                                                                        |  |

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Division of Corporations  
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From:

Account Name : CORPORATION SERVICE COMPANY  
Account Number : I20000000195  
Phone : (850)521-1000  
Fax Number : (850)558-1575

**CORPORATION REINSTATEMENT**

**PHYSICIANS GUILD OF AMERICA, INC.**

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
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*Susie Knight ex 2956*

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