

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

MAY 15 PM 1:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Hams Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT #N01344			
1. Corporation Name PASCO MEDICAL PLAZA CONDOMINIUM ASSOCIATION, INC.			
2. Principal Office Address 13100 FT King Road		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Dade City, Florida		City & State	
Zip 33525	Country Dade	Zip	Country

300005610293--9
-05/24/02--01044--023
****367.50 ****367.50

4. Date Incorporated or Qualified To Do Business in Florida 2/16/1984	
5. FEI Number 59-2433237	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$0.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name C T Corporation System	
Street Address (P.O. Box Number is Not Acceptable) 1200 S. Pine Island Road	
Suite, Apt. #, Etc.	
City Plantation	State FL Zip Code 33324

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, VS.

Signature of Registered Agent PETER F. SOUZA REGISTERED AGENT MUST SIGN ASSISTANT SECRETARY Date 5/10/02

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 Officer and/or Director	City / State / Zip
PD	Knizley Andrew	13100 Ft. King Road	Dade City, FL 33525
STD	Garcia Miguel D.M.O.	13020 Ft. King Road, #101	Dade City, FL 33525
D	Dr. Ben Chiang	13100 Ft. King Road	Dade City, FL 33525
D	Tew A. Sak, M.D.	6719 Gall Blvd, #107	Zephyrhills, FL 33541

10. I certify that I am an officer or director of 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: Andrew C. Knizley Date 5/13/2002 Daytime Phone # 352-521-1150

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



May 13, 2002

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

Subject: Reinstatement of Pasco Medical Plaza Condominium Association, Inc.

Dear Sir or Madam:

Enclosed please find a check in the amount of \$367.50 representing \$358.75 reinstatement fee and an additional \$8.75 for the certificate of status. Also enclosed is the completed application for reinstatement. Please return the Certificate of Status to:

John W. Miceli, Director of Contracting

Pasco Regional Medical Center

13100 Fort King Road

Dade City, FL 33525

Thank you for your attention to this matter.

Sincerely,

A handwritten signature in dark ink, appearing to read "John W. Miceli", written over a horizontal line.

John W. Miceli

Director of Contracting