


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS
No 5000052705

05 DEC 12 PM 1:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N15549
1. Corporation Name
SEBASTIAN PHYSICIANS' MEDICAL CENTER, INC.

2. Principal Office Address <u>13885 US Hwy #1</u> Suite, Apt. #, etc.		3. Mailing Office Address <u>13885 US Hwy #1</u> Suite, Apt. #, etc.	
City & State <u>SEBASTIAN, FL</u>		City & State <u>SEBASTIAN, FL</u>	
Zip <u>32958</u>	Country <u>INDIAN RIVER</u>	Zip <u>32958</u>	Country <u>INDIAN RIVER</u>

REINSTATEMENT 99-05
EA

4. Date Incorporated or Qualified To Do Business in Florida <u>JUNE 20, 1986</u>	
5. FEI Number <u>59-2733894</u>	Applied For <input type="checkbox"/> 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
M. NASIR Rizwi, M.D.

Street Address (P.O. Box Number Is Not Acceptable)
13885 US Hwy #1

Suite, Apt. #, Etc.

City
SEBASTIAN

State
FL

Zip Code
32958

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 [Signature] M.D.P.A. Date 12/8/05

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 Officer and/or Director	City / State / Zip
<u>SAC</u>	<u>GEORGE MITCHELL, D.O.</u>	<u>13865 US Hwy #1</u>	<u>SEBASTIAN FL 32958</u>
<u>Pres</u>	<u>M. NASIR Rizwi, M.D.</u>	<u>13885 US Hwy #1</u>	<u>SEBASTIAN FL 32958</u>

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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: [Signature] M.D.P.A. Date 11/22/05 (772) 589-6844

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

CR2E081 (01/05)