

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 AUG 27 PM 11:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N15549

1. Corporation Name
SEBASTIAN PHYSICIANS' MEDICAL CENTER, INC

| | | | |
|---|--------------------------------|---|--------------------------------|
| 2. Principal Office Address - No P.O. Box # 13885 U.S. HWY #1 | | 3. Mailing Office Address 13885 U.S. HWY #1 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State SEBASTIAN, FL | | City & State SEBASTIAN, FL | |
| Zip 32958 | Country INDIAN RIVER | Zip 32958 | Country INDIAN RIVER |

REINSTATEMENT 06-08

| | |
|--|---|
| 4. Date Incorporated or Qualified To Do Business in Florida JUNE 20, 1986 | |
| 5. FEI Number 59-2733894 | <input type="checkbox"/> 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 U.S. HWY 1

Suite, Apt. #, Etc.

City
SEBASTIAN

State
FL

Zip Code
32958

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 *M. Nasir Rizwi M.D.*

600135007356
08/27/08 Date - 01031--009 **183.75

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 |
|--------|-----------------------------------|--|---------------------|
| Sec | George Mitchell, D.O. | 13865 U.S. HWY 1 | SEBASTIAN, FL 32958 |
| Pres | M. NASIR RIZWI, M.D. | 13885 U.S. HWY 1 | SEBASTIAN, FL 32958 |
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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 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: *M. Nasir Rizwi M.D.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **(772) 589-6844**