PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPOR REINSTAT		"/	RTMENT O ry of State CORPORATION	i	03 ეს	FILED IL-9 AMI	l: 3 <u>1</u>	
DOCUMENT # N34055 1. Corporation Name FLORIDA ASSOCIATION OF PEDIATRIC CRITICAL CARE MEDICINE						laky of s Uassee, flu	LATE DRIDA	
								····
2. Principal Office Address 71h FLOID 3. Mailing Office Address 71h FLOOR 600 S. ANDREWS AVENUE PICU Office 1600 S. ANDREWS AVE. PICU Office Suite, Apt. #, etc. Suite, Apt. #, etc.						00214 03-01011	015 **	122.50
Suite, Apt. #, etc. Broward Gine	Medical Co	nter		orated or Qualifie	septem	ber 5, 1989		
	erdde FLORIDA		uderdale FLORIDA			5 <u>9-296755</u>	6	Applied For Not Applicable
33316	Country	33316	Country	İ	l 6.	OF STATUS DESIR		Additional Fee require Certificate of Status
	•	7. Name and	Address of Cui	rent Registere	ed Agent		<u></u>	
Name HINCS JAMES P Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.								
City	TAMPA					State Zip C		
3. I, being appointe Signature of Registered Agent _	ed the registered agent of the ab	ove named corporation, am		d accept the ob	oligations of sectio	Date		
9. Names and Stre	eet Addresses of Each Officer ar	id/or Director (Florida nonpr	ofit corporations	must list at lea	ast 3 directors)	``		
Titles	Name of Officers and/or Directors		Street Address of Each Officer and/or Director				Citỳ / State / Z	Zip
(P)	ian DeNicola, m		820 Prudential Drive 203			Jacks		FL 32204
resident D. Re	K Northup MD		5153 North 9th Arable			tensacola	/tr-1-3	1504
urtan (37) Ji	orgi del Toro, uno	1600 S. Browa	1600 S. Andrews Avenue The Floor PIWIH Bruward Gman Mudical Center				iderack Fi	1 /33316
)) Fe:	ffrey Sussmane		3100 S.W. 62 Avenue			Miani/FL 33 155		
D) Ma	rli Swanson, MD	Nem 23	NEMONES Childrens Clinic 23 W. Colombia St.			Orlando, Fr 32806		
this reinstateme owed by the cor	n an officer or director or the rece ent application, the reason for dis- poration have been paid and the on is true and accurate, and my s	solution has been eliminated names of individuals listed	l, the corporate i on this form do a	name satisfies to not qualify for a	the requirements on exemption unde	of section 607.040	11 or 617.0401, I	F.S., that all fees

M MM /M JOIGE DEL TOROMD STREAM 4/3/13 9544688000 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # LAN

FLORIDA ASSOCIATION OF PEDIATRIC CRITICAL CARE MEDICINE

March 21, 2003

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Re:

Florida Association of Pediatric Critical Care Medicine

Document Number N34055

ATTN: Ms. Eula

Dear Madam:

As per our phone conversation today, I am requesting of the Department of State, Division of Corporations, the reinstatement of the above referenced non-profit corporation.

Attached, please find a check in the amount of \$122.50, as reinstatement fee for the 2002 and 2003 Uniform Business Reports.

The Association did not receive the Uniform Business Report for 2002 or 2003. Apparently, it may have been mailed to the old business address of record and was not forwarded to us.

Thank you for updating this information in your files, and for your courteous attention to this matter.

Sincerly,

Jorge Del Toro, MD, FAAP, FCCP Secretary-Treasurer, FAPCCM

Lou DeNicola, MD, FAAP, FCCM, Wolfson Children's Hospital, University of Florida, Jacksonville, President, 904.202.8758
Rex Northup, MD, FAAP, FCCP, Sacred Heart Children's Hospital & Nemours, Pensacola, President-Elect, 850.473.4511
Jorge Del Toro, MD, FAAP, FCCP Chris Evert Children's Hospital, Fort Lauderdale, Secretary-Treasurer, 954.468.8000
Jeffrey Sussmane, MD, FCCM, Miami Children's Hospital, Miami, Education and Research, 305.662.2639