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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

98 JUN 23 PM 1:17

◄ Read Instructions on Other Side Before Making Entries ►

Make Check Payable To: *Department of State*

1. Name and Mailing Address of Corporation: DOCUMENT # N95000005485
NORTH BROWARD HOSPITAL DISTRICT INFUSION NETWORK, INC.
C/O Joseph F. Scott
303 S.E. 17th Street
Fort Lauderdale, FL 33316

2. If Address in Block 1 is incorrect in any way, enter the correct address below:
Address
City and State Zip Code

3. If Principle Office Address is different from mailing address, enter address below:
Address
City and State Zip Code

4. Date Incorporated or Qualified To Do Business in Florida: 11/17/95

5. FEI Number: 65-0627377
FEI Number Applied For
FEI Number Not Applicable

6. $8.75 Additional Fee required for a Certificate of Status
CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	TROWER, WIL	303 S.E. 17th Street	Fort Lauderdale, FL 33316
S/D	GRANT, PAULINE	303 S.E. 17th Street	Fort Lauderdale, FL 33316
T/D	SCOTT, JOSEPH F.	303 S.E. 17th Street	Fort LauderdaLe, FL 33316
D	MCELDOWNEY, FRANK	303 S.E. 17th Street	Fort Lauderdale, FL 33316

REINSTATEMENT 98-99

REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent

SAMUEL C. ULLMAN
200 S. Biscayne Boulevard
Suite 4000
Miami, Florida 33131

9. If changed, new registered agent / office

Name: 500002922885--0
-07/02/98--01100--003
****297.50 ****297.50

Street Address (Do NOT Use P.O. Box Number)

City | State: FL. | Zip

(REV 040 (8/92)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Samuel C. Ullman, Samuel C. Ullman
REGISTERED AGENT MUST SIGN

Date: 6/22/98

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

13. 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., and that all fees owed by the corporation have been paid. 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 of Officer or Director: Joseph F. Scott
Joseph F. Scott

Date: 4/23/98

Daytime Phone #: (954) 355-4352