PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 NOV 26 AM 8:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N95000005592

1. Corporation Name

DEERING PHYSICIAN ALLIANCE, INC.

Principal Place of Business
9333 SW 152ND STREET
ATT: JOHN MCADORY M.D.
MIAMI FL 33157

Mailing Address
~~9333 SW 152ND STREET~~ 4101 S Hospital Drive
ATT: JOHN MCADORY M.D. Suite 11
~~MIAMI FL 33157~~ Plantation FL 33317

REINSTATEMENT

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip | Country

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip | Country

4. Date Incorporated or Qualified To Do Business in Florida: 11/22/1995

5. FEI Number: 65-0641401 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	DITKOWSKY, WILLIAM MD	C/O 9333 SW 152ND STREET	MIAMI FL 33157
VD	FELDMAN, MICHAEL DO	C/O 9333 SW 152ND STREET	MIAMI FL 33157
D	GREGORIAN, MICHAEL MD	C/O 9333 SW 152ND STREET	MIAMI FL 33157
D	GOMEZ, EDDUNIO MD	C/O 9333 SW 152ND STREET	MIAMI FL 33157
STD	ROSENTHAL, MARK DO	C/O 9333 SW 152ND STREET	MIAMI FL 33157
D	HERNANDEZ, OSCAR MD	C/O 9333 SW 152ND STREET	MIAMI FL 33157

11-27-96

8. Name and Address of Current Registered Agent

FARRELL, JAMES A ESQ.
250 AUSTRALIAN AVENUE SOUTH
STE 500
WEST PALM BEACH FL 33401

9. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City | State FL | Zip Code

800002017348--2
-12/03/96--01022--012
****245.00 ****245.00

C022E040 (7/96)

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 SIGNATURE REQUIRED Date 10-28-96
REGISTERED AGENT MUST SIGN

11. 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.)

12. 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 REQUIRED 11-19-96 305-355-0098
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #