FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 SEP 23 AM 10:53

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P00000001285

1. Corporation Name
Hess Spinal & Medical Centers, Inc.

500023554805
10/03/03--01088--012 **600.00

REINSTATEMENT 03

2. Principal Office Address	3. Mailing Office Address
901 N Hercules Ave	901 N Hercules Ave
Suite, Apt. #, etc.: A	Suite, Apt. #, etc.: A
City & State: Clearwater, FL	City & State: Clearwater, FL
Zip: 33765 Country: USA	Zip: 33765 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 1/5/2000

5. FEI Number: 59-3615785 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $30.00 Additional for Expedited Certificate of Status

7. Name and Address of Current Registered Agent

Name: Dr. Stephen T. Hess

Street Address (P.O. Box Number is Not Acceptable): 305 Windward Island

Suite, Apt. #, Etc.:

City: Clearwater State: FL Zip Code: 33768

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: S. Stephen T. Hess — Date: 9/22/03

REGISTERED AGENT MUST SIGN

CR2E091 (10/02)

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
PD	Stephen T. Hess	901 N Hercules Ave, Ste A	Clearwater, FL 33765

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: S. Stephen T. Hess — 9/22/03 — (727) 442-5569

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

JT 9/23

HESS SPINAL & MEDICAL CENTERS, INC.

TO WHOM IT MAY CONCERN:
TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

DUE TO A CHANGE OF PRINCIPAL AND MAILING ADDRESS I NEVER RECEIVED FIRST NOR SECOND NOTICE FOR 2003 UNIFORM BUSINESS REPORT. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME AT THE NEW ADDRESS LISTED IN THE ANNUAL REPORT .

CORDIALLY

STEPHEN T. HESS
PRESIDENT