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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 APR 22 PM 12:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000044244

1. Corporation Name

Marianna Medical Associates, Inc.

2. Principal Office Address

4351 Lafayette St.

3. Mailing Office Address

P.O. Box 758

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Marianna, FL

City & State

Marianna, FL

Zip

32448

Country

U.S.

Zip

32447

Country

U.S.

200016667242
04/22/03--01052--015 **308.75

4. Date Incorporated or Qualified To Do Business in Florida

5/2/2000

5. FEI Number

593647692

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Frank A. Baker

Street Address (P.O. Box Number is Not Acceptable)

4431 Lafayette Street

Suite, Apt. #, Etc.

City

Marianna

State

FL

Zip Code

32446

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



Date

4/4/03

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
D	Daniel E. Fulmer	4693 Berkshire Rd	Marianna-Fl 32446

02-03-462
TS

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:

Daniel E. Fulmer

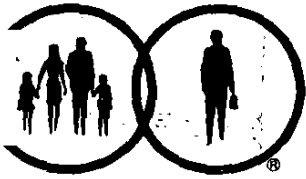
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/14/03 850-526-4700

Daytime Phone #

CR2E081 (10/02)



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Marianna Medical Associates

DANIEL E. FULMER, M.D.
FAFP

J. CARLOS CORTES, M.D.
FAFP

April 7, 2003

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

Re: Reinstatement of Corporation
Marianna Medical Associates, Inc.
Document #P00000044244
FEI # 593647692
Dissolution Date 10/4/2002

To Whom It May Concern:

This letter is to request reinstatement of the Marianna Medical Associates Corporation. As per phone conversation on 4/2/03 with one of your agents, we ask you to waive the reinstatement fees due to the fact we did not receive the 2002 Uniform Business Report and request for 2002 fee payment. In reviewing the data provided on sunbiz.org, the reason we did not receive this form was because you have the incorrect mailing address for our business. You have on file P.O. Box 753. The correct address is as follows:

Marianna Medical Associates, Inc.
P.O. Box 758
Marianna, FL 32447

Enclosed you will find a check for \$308.75. This includes \$150.00 for 2002 fees, \$150.00 for 2003 fees, and \$8.75 for Certificate of Status.

Thank you for your help in this matter.

Sincerely,

Daniel E. Fulmer, M.D.
Marianna Medical Associates

DEF/krs