PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 1 of 2

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
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DOCUMENT # P000000 66165

2nd 4BR

1. Corporation Name
MED DIAGNOSTIC REHAB, INC.

2. Principal Office Address	**3.** Mailing Office Address
2790 N. Military Trail	2790 N. Military Trail
Suite, Apt. #, etc.: Suite 5	Suite, Apt. #, etc.: Suite 5
City & State: West Palm Beach Fl.	City & State: West Palm Beach Fl.
Zip: 33409 Country: USA	Zip: 33409 Country: U.S.A

4. Date Incorporated or Qualified To Do Business in Florida: July 11, 2000

5. FEI Number: 65-1022414 ☐ 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: JAMES W. HOFFMAN

600004765646--1
-01/10/02--01084--005
****150.00 ****150.00

Street Address (P.O. Box Number is Not Acceptable): ~~2790~~ 1073 RainTree LN.

Suite, Apt. #, Etc.:

City: Palm Beach Gardens | State: FL | Zip Code: 33410

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: James Hoffman — REGISTERED AGENT MUST SIGN

Date: Dec 21, 2001

CR2E081 (9/00)

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
P	JAMES W. HOFFMAN	1073 RainTree Ln.	Palm Beach Gardens Fl 33410
S	JOSEPH E. TEAHAN	2505 25th LN	Palm Beach Gardens Fl. 33418

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: James W. Hoffman — JAMES W. HOFFMAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 12-21-2001

Daytime Phone #: 561 640 4594

B

MED DIAGNOSTIC REHAB, INC.

Rehab, it works!

Physical, Occupational & Speech Therapy Providers

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

December 21, 2001

Re: corporate reinstatement

To Whom It May Concern:

Med Diagnostic Rehab Inc. was incorporated in July of 2000. We changed our address in Late August. We never got the yearly corporate registration form to keep our corporation registered.

At year-end in 2000 we didn't need an accountant so we never new that we had to register our corporation with it only being less that a year old. We have hired an accountant recently and He informed us that we needed to register the corporation. After speaking with one of you agents on the phone today they tell me that we had to register last year and that there would be a $600.00 fine for reinstatement. They also told me that I could ask for that fine to be repealed for the reason that we moved and never received the form.

I'm enclosing the $150.00 Fee with the proper form so you can change our address.

I hope you will wave the $600.00 Fine for the reason that we never got the form forwarded to us.

Thank you,

Sincerely,

James W. Hoffman

James Hoffman

2790 North Military Trail, Suite 5 • West Palm Beach, FL 33409 • (561) 640-4594 • (561) 640-4595 Fax