


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT #</b> <u>P00000091381</u>			
<b>1. Corporation Name</b> Southeast Gynecologic Oncology Associates, P.A.			
<b>2. Principal Office Address</b> 1801 Barrs Street Suite, Apt. #, etc. Suite 720 City & State Jacksonville, FL Zip 32204 Country USA		<b>3. Mailing Office Address</b> 1801 Barrs Street Suite, Apt. #, etc. Suite 720 City & State Jacksonville, FL Zip 32204 Country USA	

**FILED**  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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-12/12/01--01082--019  
\*\*\*\*750.00 \*\*\*\*750.00

**REINSTATEMENT**

<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 9/26/2000	
<b>5. FEI Number</b> 59-3674581	<b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>	

<b>7. Name and Address of Current Registered Agent</b>	
Name Stoneburner, Berry & Simmons, P.A.	
Street Address (P.O. Box Number is Not Acceptable) One Independent Drive	
Suite, Apt. #, Etc. Suite 2000	
City Jacksonville	State FL Zip Code 32202

<b>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.</b>	
Signature of Registered Agent <u>Stephen L. Buckley, M.D.</u>	Date 11/24/01
REGISTERED AGENT MUST SIGN	

<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>			
<b>Titles</b>	<b>Name of Officers and/or Directors</b>	<b>Street Address of Each Officer and/or Director</b>	<b>City / State / Zip</b>
D, P	Stephen L. Buckley M.D.	1801 Barrs Street, Suite 720	Jacksonville, FL 32204
D, V	Mathew W. Robertson, M.D.	1801 Barrs Street, Suite 720	Jacksonville, FL 32204

<b>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.</b>	
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<b>SIGNATURE:</b> <u>Stephen L. Buckley, M.D.</u> President	<b>11/28/01</b> Date	<b>904-389-3993</b> Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		