PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
02 NOV 27 PM 2:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000097340

1. Corporation Name
PHYSICIANS RESOURCE NETWORK OF FLORIDA, INC.

2. Principal Office Address	3. Mailing Office Address
6005 Powers Avenue	6005 Powers Avenue
Suite, Apt. #, etc.: Suite 105	Suite, Apt. #, etc.: Suite 105
City & State: Jacksonville, FL 32217	City & State: Jacksonville, FL 32217
Zip: 32217 Country: USA	Zip: 32217 Country: USA

01-02

4. Date Incorporated or Qualified To Do Business in Florida: 10/16/2000

5. FEI Number: 59-3682160 ☐ 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: Robert M. Morgan

Street Address (P.O. Box Number is Not Acceptable): 10110 San Jose Boulevard

11/27/02--01025--011 **935.00

Suite, Apt. #, Etc.:

City: Jacksonville State: FL Zip Code: 32257

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: Robert M. Morgan
REGISTERED AGENT MUST SIGN

Date: 11/26/02

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
Pres.	Maria C. Edwards	468 Baybrook Drive	Orange Park, FL 32003
CEO	Douglas J. Edwards	468 Baybrook Drive	Orange Park, FL 32003

600009240216
11/27/02--01025--011 **935.00

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: Douglas Edwards 11-26-02 904-731-7880

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

Douglas Edwards