PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 OCT 29 AM 9:32

DOCUMENT # P00000103720

1. Corporation Name
FAMILY CARE MEDICAL GROUP, INC.

100004679421--9
-11/15/01--01001--016
****750.00 ****750.00

REINSTATEMENT 01

2. Principal Office Address		3. Mailing Office Address	
10244 E. Colonial Drive		10244 E. Colonial Drive	
Suite, Apt. #, etc.: Suite 101		Suite, Apt. #, etc.: Suite 101	
City & State: Orlando, FL		City & State: Orlando, FL	
Zip: 32817	Country: USA	Zip: 32817	Country: USA

4. Date Incorporated or Qualified To Do Business in Florida 11/06/2000

5. FEI Number 59-3680249 | 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: G & L Agent Services, Inc.

Street Address (P.O. Box Number is Not Acceptable): 390 North Orange Avenue, Suite 600

Suite, Apt. #, Etc.: Suite 600

City: Orlando | State: FL | Zip Code: 32801

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: G&L Agent Services, Inc. Robert [signature], President
REGISTERED AGENT MUST SIGN

Date: October 18, 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/D	Negron, Raymond	14741 Burntwood Circle	Orlando, FL 32826
T	Negron, Carmen Z.	741 Wecksler Circle	Orlando, FL 32824
S	Negron, Edna M.	14741 Burntwood Circle	Orlando, FL 32826

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)(l), 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: [signature] RAYMOND A. NEGRON 23 OCT 2001 407-382-4217