

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 FEB 24 AM 8:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000006095

1. Corporation Name

A1 URGENT CARE & FAMILY PRACTICE CENTER,
TAVERNIER, P.A.

2. Principal Office Address

101451 O/S HWY.

3. Mailing Office Address

101451 O/S HWY.

Suite, Apt. #, etc.

#13

Suite, Apt. #, etc.

#13

City & State

KEY LARGO, FLORIDA

City & State

KEY LARGO, FLORIDA

Zip

33037

Country

USA

Zip

33037

Country

USA

800013280298
02/28/03--01078--004 **308.75

4. Date Incorporated or Qualified
To Do Business in Florida

01/16/2001

5. FEI Number

65-1067943

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

RAE, M.D., IAN N.

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

101451 O/S HWY.

Suite, Apt. #, Etc.

#13

City

KEY LARGO

State

FL

Zip Code

33037

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 02/20/2003

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/T	RAE, M.D., IAN N.	101451 O/S HWY.	KEY LARGO, FLORIDA 33037
V/S	RAE, LPN, MARTHA M.	101451 O/S HWY.	KEY LARGO, FLORIDA 33037

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

IAN N. RAE, M.D.

02/20/2003

Date

305-453-3006

Daytime Phone #

ELECTRONIC MEDICAL BILLING
ENTERPRISES, CORP

February 20, 2003

DEPARTMENT OF STATE
ATTN: JUSTIN SILVERS
DIVISION OF CORPORATIONS
409 EAST GAINES ST.
TALLAHASSEE, FL 32399

RE: ELECTRONIC MEDICAL BILLING ENTERPRISES, CORP.
#P95000077381 FEI# 65-0622769

DEAR MR. SILVERS,

IT WAS A PLEASURE SPEAKING TO YOU YESTERDAY, YOUR HELP AND PATIENCE WAS VERY MUCH APPRECIATED. ENCLOSED YOU WILL FIND ALL THE FORMS YOU SAID I WAS TO FILL OUT, WITH THE APPROPRIATE AMOUNT OF MONIES.

I WAS NOT IN RECEIPT OF THE CORPORATION ANNUAL REPORT FORMS FOR THE ABOVE MENTION CORPORATION. SOMEONE ELSE MUST HAVE PICKED UP MY MAIL AND I NEVER RECEIVED IT. I'VE BEEN SICK AND THERE HAS ALSO BEEN A DEATH IN THE FAMILY.

THANK YOU FOR ALL YOUR HELP IN RESOLVING THESE MATTERS FOR ME. IF BY ANY CHANCE I'VE DONE SOMETHING INCORRECTLY PLEASE CONTACT THE OFFICE AND ASK TO SPEAK TO CARLI MOORE, OUR ADMINISTRATIVE CONSULTANT AT 1-305-453-3031 THAT IS A DIRECT LINE TO HER OFFICE.

Thank you, again

Martha M. Rae, LPN
MARTHA M. RAE, LPN

MMR/cm

Enc.

Please mail back certificate of status in the enclosed express mail envelope. Thanks
MP