## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION **FOR** REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith Secretary of State

**DIVISION OF CORPORATIONS** 

DOCUMENT #

P01000039016

1. Corporation Name

BOSTON MEDICAL GROUP, INC.

Principal Place of Business

Mailing Address

11004-0M-XXXII-CT-CIRCLE

11001-SW-TTH-OT-OIRCLE

FILED

03 JAN -8 PM 4:31

SECRETARY OF STATE FALLAHASSEE, FLORIDA



MIAMITE - 33150 - MIAMITE - 4		-MIAMEE-BRISE	8166			T	
If abov	re addresses are incorrect in any way, line	.through:incorrect:information and ente	er correction below ~~		<u>.                                    </u>		
2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable Suite Ant # etc.				4. Date incorporated or Qualified To Do Business in Florida  O4/16/2001			
ALT	SUITE 335	SUITE 335	engsfl	5. FEI Number 52 - 232	 1839	Applied For Not Applicable	
32	701 Country U.S.A.	32701 Coun	ISA	6. CERTIFICATE OF STATU	\$8.75	Additional Fee required a Certificate of Status	
7. Name	es and Street Addresses of Each Officer a	nd/or Director (Florida nonprofit corpo	rations must list at lea	st 3 directors)	<del></del>		
Title(s)	Name of Officers	S	treet Address of Each Officer and/or Director		City / State	e / Zip	
<u> </u>	SHEMN-APNOLO-D Perignal 11004-SW-77		CT-CIPCLE MIAMI-PERONEO		FE-38456-		
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<u>   K B )</u>	Guoc HA	3 YARK	PLAZA 43	LR.	IND CY	2 92WY	
				~~~E-1310 Guzu	ere		
				12/19/02010	960264		
				12/19/U2U1091004 **150.00			
	V			U <del>I/UB/N3<b>-V</b>-D</del> /A	4 /2 ST 1777 - 4 x x	<del>300.00</del>	
				600003602646 01/08/q301052002 **150.00			
				9. Name and Address of New Registered Agent			
SHEV	ANL ARNOLD D. ESQ. Rezi	s med	Puoc	. Un		8/02)	
	4 SW 77TH GT-CIRCLE	-Street Address (P.0	O: Box Number is Not Acce				
SHEVIN ARNOLD DESO. Resigned  11004 SW 77TH-ST-CIRCLE  MIAMI FL 33156  D. DR WR			Suite, Apt. #, Etc.	M SPRING	S DRIVE	jäg.	
	Com.		SUITE 3	35	<del></del>		
			ALTHMON	Mrs. Sopia	State Z	7ip Code 32701	
10. I, bein	g appointed the registered agent of the ab	ove named corporation, am familiar wi	ith and accept the obli	gations of Section 607,050	5, F.S. or 617,0505, F	5	
		0 1/1/					
Signature	or Classific	SIMILE DEOLI					
Registered Agent				Date _	1-2-	03	
	······································	EGISTERED AGENT MUST SIGN					
	y that I am an officer or director or the recenstatement application, the reason for dissection the corporation have been paid and the application is true and accurate, and my sections in the corporation have been paid and the application is true and accurate.						
	application is true and accurate, and my s				19.07(3)(i), F.S. The i	information indicated	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

1-2-03 (949)417-0028

2092



USA Headquarters

- 3 Park Plaza
- Suite 430
- Irvine
- CA 92626
- Tel: (949) 417-0028
- Fax: (949) 417-0036

December 5, 2002

Division of Corporations
Annual Report/Reinstatement Section
P. O. Box 6327
Tallahassee FL 32314-6327

## Dear Sir or Madam:

Kindly find enclosed our application for reinstatement and a check. We did not receive the two prior notifications and request you abate the penalties.

Snow Jaynes.

Controller, Boston Medical Group snowjaynes@bostonmedicalgroup.com