

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 MAR 10 PM 6:34

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT 02-09

DOCUMENT #

PO1-68241

W04-8154

1. Corporation Name

Regency Medical

2. Principal Office Address

505 Eichenfeld Dr

3. Mailing Office Address

P.O. Box 349

Suite, Apt. #, etc.

108

Suite, Apt. #, etc.

City & State

Brandon, FL

City & State

VAIRICO, FL

Zip

33511

Country

USA

Zip

33595

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

7-2001

5. FEI Number

59-3728061

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

Cramer Haber McDonald

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

1311 N. Church Ave

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33607

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] U.P.

Date 2/19/04

REGISTERED AGENT MUST SIGN

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 | JAMES Day | 505 Eichenfeld Dr Suite 108 | Brandon, FL 33511 |
| MED Director | Charles W. HIRT MD | 627 Brightwater Blvd NE St. Petersburg, FL | 33704 |
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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]

JAMES D. Day

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-19-04 . 813-662-6482

Daytime Phone #

CR2E081 (01/04)