PLEASE READ	ALL INSTRUCTION	NS BEFORE (COMPLETING THIS FORM.	
APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of state • DIVISION OF CORPORATIONS		FILED SECKETARY OF STATE SISTON OF CORPORATION	
DOCUMENT # P0100078560			03 MAR 21 PM 4:07	
1. Corporation Name HEMA RAO, M.D., P.A.				
Principal Place of Business 7420 - 30TH CT.				
VERO BEACH FL 32967 VERO BEACH FL 32967				
If above addresses are incorrect in any way, line the 2. New Principal Office Address, If Applicable	nrough incorrect information and er 3. New Mailing Office Addres		HEINSTATEMENT 02-03 4. Date Incorporated or Qualified	
Suite, Apt. #, etc.			To Do Business in Florida 08/09/2001	
City & State	City & State		59-3740178 Applied For 159-3740178 Not Applicable	
Zip Country	Zip Co	untry	6	
7. Names and Street Addresses of Each Officer and	I/or Director (Florida nonprofit cor	· · · · · · · · · · · · · · · · · · ·		
Title(s) Name of Officers 1 2 and/or Directors 3		Street Address of Each Officer and/or Director	or City / State / Zip	
D RAO, HEMA M.D.	7420 - 30TH	CT.	VERO BEACH FL 32967	
		<u> </u>		
			400013541544 03/21/0301004005 **150.00	
			<u>400013541544</u> 03/05/0301028003 **750.00	
8. Name and Address of Current	Registered Agent		9. Name and Address of New Registered Agent	
			الم	
7420 - 30TH CT. VERO BEACH FL 32967			Name Sime Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.	
		City		
10. I, being appointed the registered agent of the ab	ove named corporation, am familia	ar with and accept the of	obligations of Section 607.0505, F.S. or 617.0505, F.S.	
Signature of Registered Agent				
11. 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 2/2003				