


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REIN...		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>P01000085901</u>			
1. Corporation Name <u>Southridge Medical Services</u>			
2. Principal Office Address <u>2310 NW 102 Pl</u>		3. Mailing Office Address <u>2310 NW 102 Pl</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>Miami, FL</u>		City & State <u>Miami, FL</u>	
Zip <u>33172</u>	Country <u>USA</u>	Zip <u>33172</u>	Country <u>USA</u>

FILED

03 JUN 27 PM 1:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA400021278074
07/02/03--01062--042 **550.00

4. Date Incorporated or Qualified To Do Business In Florida <u>8-30-01</u>	
5. FEI Number <u>65-1136509</u>	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name <u>Ines Maria Hernandez</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>2310 NW 102 Place</u>	
Suite, Apt. #, Etc. 	
City <u>miami</u>	State <u>FL</u>
Zip Code <u>33172</u>	

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


Date

6/23/03

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	Ines M. Hernandez	2310 SW 102 Pl	Miami, FL 33172

400021278074
07/02/03--01062--043 **8.75

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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)(f), 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

Date

6/23/03

Daytime Phone #