PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
03 OCT 17 PM 12:40
SECRETARY OF STATE
TALLAHASSEE FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000095540

1. Corporation Name

Winter Park Neonatology, P.A.

REINSTATEMENT 02-03

2. Principal Office Address		**3.** Mailing Office Address	
8980 Kilgore Road		8980 Kilgore Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Orlando, Florida		Orlando, Florida	
Zip	Country	Zip	Country
32836	United States	32836	United States

4. Date Incorporated or Qualified To Do Business in Florida: 10/1/2001

5. FEI Number: ☐ 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: W & P Services, Inc.

Street Address (P.O. Box Number is Not Acceptable): 1936 Lee Road

800023872098
10/17/03--01025--024 **90[illegible].00

Suite, Apt. #, Etc.: Suite 101

City: Winter Park | State: FL | Zip Code: 32789

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: Gregory A. Chames V.P. Date: 10/14/03

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
DP	Ghazala Ahmed	8980 Kilgore Road	Orlando, Florida 32836

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: Ghazala Ahmed 10/10/03.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

jr 10/21