2006 FOR PROFIT CORPORATION REINSTATEMENT

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # P01000122466 FILES LEONARD J. SIMON, M.D., P.A. 06 COT 18 21 4:55 Principal Place of Business Mailing Address 1541 BRICKELL AVE STE 2505 1541 BRICKELL AVE STE 2505 MIAMI, FL 33129 MIAMI, FL 33129 2. Principal Place of Business 3. Mailing Address SINSTATEMENT 12000 Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 65-1157617 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SIMON, LEONARD J Street Address (P.O. Box Number is Not Acceptable) 1541 BRICKELL AVE STE 2505 MIAMI, FL 33129 Zip Code for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named entity submits this the obligations of registered agent L EONARD J. SIMON M.D. PA Die (NOTE: Registered Agent signature required when reinstating) SIGNATURE. Signature, typed or printed name FILE NOW! FEE IS \$750.00 After January 1, 2007, Fee will be \$900.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TOTE THLE ☐ Delete 1000808707⁹ ☐ Addition NAME SIMON, LEONARD J NAME 10/16/06--01029--019 **750.00 STREET ADDRESS 1541 BRICKELL AVE STE 2505 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33129 CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$1-ZIP RHE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filing tables not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all the rike empowered.

LEONARD J. SIMON M. D. P.A. 10/11/06 305860 5721