FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

03 OCT -7 AM 10:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #P02000049158

1. Corporation Name

ADENA MEDICAL SERVICES, INC

REINSTATEMENT 03

700023595067
10/07/03--01009--009 **150.00

2. Principal Office Address	3. Mailing Office Address
7825 S.HWY A1A	7825 S HWY A1A
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MELBOURNE BEACH,FL	City & State: MELBOURNE BEACH, FL
Zip: 32951 Country: BREVARD	Zip: 32951 Country: BREVARD

4. Date Incorporated or Qualified To Be Business in Florida 05/03/02

5. FEI Number 02-0596679 ☐ 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: BJORN DIMBERG, M.D.

Street Address (P.O. Box Number is Not Acceptable): 7825 S HWY A1A

Suite, Apt. #, Etc.:

City: MELBOURNE BEACH State: FL Zip Code: 32951

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 10/01/03

REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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
D	BJORN DIMBERG, M.D.	7825 S HWY A1A	MELBOURNE BEACH, FL 32951

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: _____ BJORN DIMBERG, M.D. 10/01/03 321 729-6083

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

10/01

C.R. COOPER, CPA, PA
5350 10TH. Ave. North, Suite 8
Lake Worth, Florida 33463

American Institute of
Certified Public Accountants

Florida Institute of
Certified Public Accountants

(561) 964-6927
(561) 432-0008
FAX (561) 433-3596

October 1, 2003

Division of Corporations
Uniform Business Report Filings
P.O. Box 6327
Tallahassee, Florida 32314

Taxpayer: Adena Medical Services, Inc
FEIN: 02-0596679
Tax Form: UBR
Tax Period: 2003

To Whom It May Concern:

We have enclosed check # 1094 in the amount of $150.00 for the annual renewal of the above corporation.

Please abate the penalty as Dr. Dimberg did not receive the original UBR, and did not intentionally avoid the filing fee. The corporation is fairly new and, therefore, Dr. Dimberg is not completely familiar with the UBR.

Thank you for your prompt attention to this matter. Please contact our office if any further information or explanation is required.

Respectfully,

C. R. Cooper, CPA

Encl.

cc