

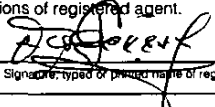


# 2006 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P05000108440</b> 1. Entity Name <b>RECOVERY ASSOCIATES MEDICAL GROUP, INC.</b>						06 OCT 23 17:18	
Principal Place of Business <b>9600 SW 8 ST. MIAMI, FL 33174</b>				Mailing Address <b>9600 SW 8 ST. MIAMI, FL 33174</b>			
2. Principal Place of Business		3. Mailing Address		 <b>REINSTATEMENT</b> 10092008 REINFP CR2E098 (11/05) 06			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
4. FEI Number <b>20-3793641</b>				Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>PEREZ, FRANCISCO 9600 SW 8 ST. MIAMI, FL 33174</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE:  <small>Signature typed or printed name of registered agent and title if applicable.</small>				DATE: <b>10/17/06</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$750.00</b> <b>After January 1, 2007, Fee will be \$900.00</b>							
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P, T PEREZ, FRANCISCO 9600 SW 8 ST. MIAMI, FL 33174</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;"> <b>800091117368</b>  <b>10/23/06--01042--017 **750.00</b> </div> <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does 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 other like empowered.							
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE: <b>10/17/06</b> <small>Daytime Phone #</small>			

OCT 19 2006