PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
2007 JUL 27 PM 4:46
SECRETARY OF STATE
TALLAHASSEE FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT

CR2E061 (1/07) 00-07

DOCUMENT # P92000012944

1. Corporation Name
MEDICAL CENTER, INC.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2136 N. PORPOISE POINT LN.	2136 N. PORPOISE LN.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: VERO BEACH, FLORIDA	City & State: VERO BEACH, FLORIDA
Zip: 32963 Country: USA	Zip: 32963 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 65-0380123 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: GREENSPOON MARDER, P.A.

Street Address (P.O. Box Number is Not Acceptable): 100 W. CYPRESS CREEK ROAD

Suite, Apt. #, Etc.: SUITE 700

City: FORT LAUDERDALE, State: FL Zip Code: 33309

[X] The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 7-27-07
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	WALTER H. JANKE	2136 N. PORPOISE POINT LN	VERO BEACH, FL 32963

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 contained in Chapter 119, 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: _____ July 27 2007 772-633-0902
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Williams JUL 27 2007

Florida Department of State
Division of Corporations
Public Access System

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To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : GREENSPOON MARDER, P.A.
Account Number : 076064003722
Phone : (407)422-6583
Fax Number : (954)343-6962

CORPORATION REINSTATEMENT

MEDICAL CENTER, INC.

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