PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 FEB 26 AM 10:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000014849 (3)

1. Corporation Name

TREASURE COAST FAMILY PRACTICE ASSOCIATES, P.A.

REINSTATEMENT 97-98

Principal Place of Business	Mailing Address
4632 S 25 ST FT PIERCE FL 34981 US	4632 S 25 ST FT PIERCE FL 34981 US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida 12/23/1992

5. FEI Number 65-0391264 — Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	MARJIEH, ZIAD, M.D.	2100 NEBRASKA AVE STE 105	FT PIERCE FL 34950

200002445492--6
-03/03/98--01047--026
****900.00 ****900.00

8. Name and Address of Current Registered Agent

ROBERT M. LLOYD
311 S 2ND STREET
FORT PIERCE FL 34950

9. Name and Address of New Registered Agent

Name: ROBERT V. SCHWERER
Street Address (P.O. Box Number is Not Acceptable): 515 S INDIAN RIVER DR
Suite, Apt. #, Etc.:
City: FT PIERCE State: FL Zip Code: 34950

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent _____ Date 2/25/98
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐ (See other side for information on intangible tax.)

12. 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: _____ 2/25/98 (561) 461-3340
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
ZIAD MARJIEH