PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Address of Current Registered Agent The Address (P.O. Box Number is Not Acceptable) State City BRADENTON State City Code Telegistered Agent State City City City City City Telegistered Agent City City City Telegistered Agent City City City DPST ADOLFO L. NARVAEZ, M.D. City Context Telegistered Agent City City City Telegistered Agent City City City Telegistered Agent City Telegistered A	DOCU 1. Corporati	ion Name	# P9300	Secretar	TMENT OF STATE by of State corporations		04 HA	FILED Y 21 AM 4: 41 TAN 10 A STATE ASSEE, FLORIDA
Suite, Apt. #, etc. City & State 2 City & State BRADENTON, FLORIDA GENTRICATE OF STATUS DESIRED STATUS	2. Principal	Office Addre	\$5	1 -	355			•
City & State BRADENTON, FLORIDA RADENTON, FLORIDA RADENTON R			OAD WEST	<u> </u>		4. Date Incorp	orated or Qualified	
34210 7. Name and Address of Current Registered Agent Name ADOLFO L. NARVAEZ, M.D. Street Address (P.O. Box Namber is Not Acceptable) 5591 CORTEZ ROAD WEST State, Apt. #. Etc. City BRADENTON 8. I. being appointed the registered agent of the above named corporation, an familiar with and accept the obligations of section 607.0605 or 617.0603, F.S. Signature of Registered Agent #EGISTERED AGENT MUST SIGN 9. Names and Street Addressage Land Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) This Officers and/or Directors Officers and/or Directors Officers and/or Directors The ADOLFO L. NARVAEZ, M.D. 5591 CORTEZ ROAD WEST BRADENTON, FL 34280 10 10 3 7 5 2 4 13 3 1 05/701 04 01073 011 ***550* 3570 10, I certify that I am an officer or director or the reactive or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further conflict that this reinstatement application, the reacon for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S. the this reinstatement application, the reacon for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S. the this reinstatement application, the reacon for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S. the				\	LORIDA	5. FEI Number	<u>, /</u>	Applied For Not Applicable
Name ADOLFO L. NARVAEZ, M.D. Street Address (P.C. Box Number is Not Acceptable) Suite, Apt #, Etc. City BRADENTON State Zip Code 34210 8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0603, F.S. Signature of Registered Agent Pate Pate	-		Country	1	Country	6. CERTIFICATE	OF STATUS DESIRED	\$8.75 Additional Fee required for a Certificate of Status
ADOLFO L. NARVAEZ, M.D. Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City BRADENTON State Zip Code 34210 8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0603, F.S. Signature of Registered Agent Regist		i		7. Name and	Address of Current Registe	red Agent		
P. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Officers and/or Directors Street Address of Each Officer and/or Directors Officer and/or Director BRADENTON, FL 34280 DPST ADOLFO L. NARVAEZ, M.D. 5591 CORTEZ ROAD WEST BRADENTON, FL 34280 100037524081 100037524081 350 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 withis 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	8. I, being a	5591 Co Suite, Apt. City BRADE	ORTEZ ROAD WES	ST	familiar with and accept the o	obligations of sections	FL 34210	F.S.
Name of Officers and/or Directors Officer and/or Director DPST ADOLFO L. NARVAEZ, M.D. 5591 CORTEZ ROAD WEST BRADENTON, FL 34280 1 0 0 3 5 2 4 0 3 1 06./01. 04 01073 011 ***350 3 5 0 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 we 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)) / ((EGISTERED AGENT MUS	T SIGN		Date	
DPST ADOLFO L. NARVAEZ, M.D. 5591 CORTEZ ROAD WEST BRADENTON, FL 34280 101037524031 104-81873-811 **350 350 10. Locitity 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 withis 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	9. Names	and Street A	ddresses of Each Officer and	d/or Director (Florida nonpr	rofit corporations must list at l	east 3 directors)		
1 0 0 37524031 06./01.04-01073-011 **350 350 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 withis 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	Titles						City /	State / Zip
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	10. I certify	that I am an	officer or director or the rece	elver or trustee empowered	to execute this application as	provided for in cha	apter 607 or 617, F.S. I tun	ther certify that when filing
on this application is true and accurate, and my signature shall have the same legal effect as it made under oath. SIGNATURE: SIGNATURE: SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date	owed b on this	by the corpora application is	tion have been paid and the true and accurate, and my a	nemes of individuals listed signature shall have the sa	i on this form do not qualify fo me legal effect as if made und	r an exemption und der oath.	ler section 119.07(3)(i), F.5 22/04 (941	S. The information indicated) 795-4206