PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



8. Name and Address of Current Registered Agent

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P93000023567

1. Corporation Name

TREASURE COAST NEONATOLOGY, P.A.

Principal Place of Business

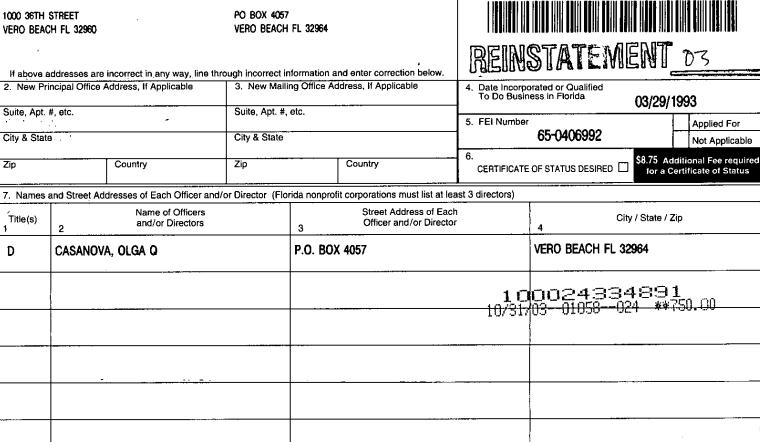
Mailing Address

1000 36TH STREET

PO BOX 4057

FILFO

03 OCT 31 AM 11:55



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. or 617.0505, F.S.

Signature of Registered Agent

CASANOVA, OLGA Q

1000 36TH STREET

VERO BEACH FL 32960

Date

9. Name and Address of New Registered Agent

Street Address (P.O. Box Number is Not Acceptable)

11. 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 filling 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.

Name

City

Suite, Apt. #, Etc.

SIGNATURE:

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Zip Code

State