

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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| <p>APPLICATION FOR REINSTATEMENT</p> |  <p>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</p> | <p>AND FILED</p> <p>1997 JAN -8 PM 12: 29</p> <p>SECRETARY OF STATE TALLAHASSEE, FLORIDA</p> |
|---|--|---|

DOCUMENT # 993000080727

1. Corporation Name
Princeton Medical Management Southeast, Inc.

Dr. Richard S. Sokol

| | |
|--|-----------------|
| Principal Place of Business | Mailing Address |
| 4100 N. Powerline Rd. Suite F1 Pompano Beach, FL 33073 | (Same address) |

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

| | |
|--|---|
| 2. New Principal Office Address, if Applicable 4100 N. Powerline Rd. | 3. New Mailing Address, if Applicable Same. |
| Suite, Apt. #, etc. Suite F1 | Suite, Apt. #, etc. |
| City & State Pompano Beach, FL 33073 | City & State |
| Zip Country | Zip Country |

DO NOT WRITE IN THIS SPACE

| | |
|---|-------------------------------|
| 4. Date Incorporated or Qualified To Do Business in Florida 11/17/93 | |
| 5. FEI Number 59-3213166 | Applied For Not Applicable |
| 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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) | Name of Officers and/or Directors | Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | City / State / Zip |
|---------------|-----------------------------------|--|--|
| PTSD | Gary A. Lockwood | 12752 Stark Road | Livonia, MI 48150 |
| | | | 2000002052682--5 -01/09/97--01058--016 *****375.00 *****375.00 |
| REINSTATEMENT | | | |

8. Name and Address of Current Registered Agent

George P. Russell
2739 U.S. Highway 19
Suite 300
Holiday, FL 34691

9. Name and Address of New Registered Agent

Name
Dr. Richard S. Sokol

Street Address (P.O. Box Number is Not Acceptable)
4100 N. Powerline Rd.

Suite, Apt. #, Etc.
Suite F1

City
Pompano Beach

State
FL

Zip Code
33073

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 *George P. Russell* Date 1-6-97

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

George P. Russell Gary A. Lockwood Pres 12/30/96 (313) 525-1070

CR22E040 (12/95)