PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION** Sandra B. Mortham FOR Secretary of State FILED) REINSTATEMENT DIVISION OF CORPORATIONS 98 JAN 26 PH 5:00 P94000005719 **DOCUMENT #** 1. Corporation Name SECTION OF STATE TAIL AFASS E, HORIDA ADVANCED MEDICAL AFFILIATES INC. Principal Place of Business Mailing Address 4897 JOG ROAD 4897 JOG ROAD LAKE WORTH FL 33467 LAKE WORTH FL 33467 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 Date Incorporated or Qualified To Do Business In Florida 01/24/1994 Suite, Apt. #, etc. Sulte, Apt. #, etc. 5. FEI Number Applied For 65-0471553 City & State City & State Not Applicable Zlp \$8.75 Additional Fee required Country Country CERTIFICATE OF STATUS DESIRED 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) Name of Officers and/or Directors Street Address of Each Title(s) Officer and/or Director
(Do NOT Use Post Office Box Numbers) City / State / Zip PACE, RICHARD K 4897 JOG ROAD LAKE WORTH FL 33467 ź 200002415332--0 -01/28/98--01108--023 ****900.00 ****900.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name PACE, RICHARD K Street Address (P.O. Box Number is Not Acceptable) **4897 JOG ROAD** LAKE WORTH FL 33467 Sulte, Apt. #. Etc. Zip Code State 10. I, being appointed the regis gred agent of the above named corporation, aprilamiliar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent 11. This corporation owes or has paid the current year (See other side for information on intangible tax.) Intangible Personal Property tax due June 30. 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.

Date

Daytime Phone i