

To: The Florida Dept. of State  
Subject: RA2767.125596

From: Ashley Smith

Thursday, May 27, 2010 9:35 AM Page: 1 of 2

Division of Corporations

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:  
Division of Corporations  
Fax Number : (850) 617-6384

From:  
Account Name : CORPDIRECT AGENTS, INC.  
Account Number : 110450000714  
Phone : (850) 222-1173  
Fax Number : (850) 224-1640

RA2767.125596

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: fkathers@obds.com

**CORPORATION REINSTATEMENT  
UNITED PHYSICIANS OF AMERICA, INC.**

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	<del>\$1,058.75</del>

\$458.75  
client did not receive  
annual report reminders


Electronic Filing Menu

Corporate Filing Menu

Help

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P94000058042			
1. Corporation Name United Physicians of America, Inc.			
2. Principal Office Address: No P.O. Box 2825 N. State Road 7 Suite, Apt. #, etc. Suite # 204 City & State Margate, FL Zip 33063 Country		3. Mailing Office Address 2825 N. State Road 7 Suite, Apt. #, etc. Suite # 204 City & State Margate, FL Zip 33063 Country	
7. Name and Address of Current Registered Agent Name CorpDirect Agents, Inc. Street Address (P.O. Box Number is Not Acceptable) 515 East Park Avenue City Tallahassee State FL Zip Code 32301		4. Date Incorporated or Qualified To Do Business in Florida Jan 25, 1995 5. FBI Number 65-0520345 Applied For Not Applicable 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75: Addition of Fee requires for a Certificate of Status	
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0506 or 817.0503, F.S. Signature of Registered Agent Kathie Wonsch, Asst. Sec. Date 05/27/2010 REGISTERED AGENT MUST SIGN			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Rafael Rodriguez	2825 N. State Rd 7, Suite 204	Margate, FL 33063
10. E-mail Address: <u>pleathers@obas.com</u> (To be used for future annual report notification)			
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 807 or 817, 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 817.0401, F.S., that all fees owed by the corporation have been paid. I further certify, 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: <u>X</u> <u>Rodriguez</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 5/24/10 Daytime Phone # 954-658-8855			

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