

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1/2

APPLICATION FOR RESTATEMENT



FLORIDA DEPARTMENT OF STATE  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

96-97 AR

FILED

97 JAN 22 PM 4: 12

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # 994000069867

1. Corporation Name  
VAZGLI MEDICAL CORPORATION

Principal Place of Business Mailing Address  
941 NO KRUME AVENUE  
HOMESTEAD, FL 33030

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable		3. New Mailing Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1994	
City & State		City & State		5. FEI Number 65-0531913 23-06-434793-82	
Zip		Country		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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
PRES.	NIVIA VAZQUEZ, M.D.	941 NO KRUME AVE	HOMESTEAD, FL 33030
TREAS.	RICHARD S. GLOSSER, M.D.	941 NO KRUME AVE	HOMESTEAD, FL 33030

000002067630--0  
01/24/97 01047 002  
\*\*\*\*400.00 \*\*\*\*400.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

NIVIA VAZQUEZ, M.D.  
941 NO KRUME AVENUE  
HOMESTEAD, FL 33030

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City
State FL
Zip Code

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 Date 1/16/97  
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.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/97 Date Daytime Phone # 00 97 1-22

CR20040 (12/95)