PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTME[redacted]TATE
Katherine [redacted]
Secretary of S[redacted]
DIVISION OF CORPORATIONS

FILED
01 OCT -8 PM 12:08
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P94000077839

1. Corporation Name
UNIVERSITY MEDICAL HEALTH CENTER, P.A. W01000022131

REINSTATEMENT 99-01

2. Principal Office Address	**3.** Mailing Office Address
1001 NW 54 ST	1001 NW 54 ST
Suite, Apt. #, etc. SUITE L	Suite, Apt. #, etc. Suite L
City & State MIAMI FL.	City & State MIAMI FL
Zip 33127 County DADE	Zip 33127 County DADE

4. Date Incorporated or Qualified To Do Business in Florida 10-24-1994

5. FEI Number 65-0534029 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name ADAM, MARIE FRANCE, M.D.

Street Address (P.O. Box Number is Not Acceptable) 1001 NW 54 ST SUITE L

Suite, Apt. #, Etc.

City MIAMI State FL Zip Code 33127

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***1050.00 ***1050.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent [signature] REGISTERED AGENT MUST SIGN Date 9/5/01

CR2E081 (9/96)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CEO	ADAM, MARIE F.	1001 NW 54 ST. #L	MIAMI FL 33127
CFO	CONZE MARGARETTE	1001 NW 54 ST	MIAMI FL 33127

10. 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.

SIGNATURE: [signature] 9/5/01 (305) 7543127
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #