


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 94000092228 1. Corporation Name Azael P. Borromeo, M.D., P.A.			
2. Principal Office Address 2653 N. Lecanto Hwy Suite, Apt. #, etc. City & State Lecanto FL Zip 34461 Country CITRUS		3. Mailing Office Address 2653 N. Lecanto Hwy Suite, Apt. #, etc. City & State Lecanto FL Zip 34461 Country CITRUS	
4. Date Incorporated or Qualified To Do Business in Florida 1992		5. FEI Number 593285326 Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status	

FILED

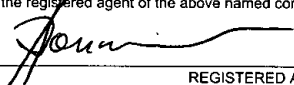
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2000-2001 UBR

7. Name and Address of Current Registered Agent	
Name AZAEL P. BORROMEO, M.D.	
Street Address (P.O. Box Number is Not Acceptable) 2653 N. Lecanto Hwy	
Suite, Apt. #, Etc.	
City Lecanto	State FL
Zip Code 34461	

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 	Date 8-21-01
REGISTERED AGENT MUST SIGN	

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
PRES.	Azael P. Borromeo	1937 W. Nicole Dr.	Lecanto, FL 34461

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: X AZAEL P. BORROMEO SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 7-23-01 (30) 527-9555 Daytime Phone #

CR2E081 (9/00)