PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.						
APPLICATION FOR	EAL.	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State		FILED		
REINSTATEMENT DIVISION OF CORPORATIONS		_ 9	97 JAN -2 PM 3: 36			
DOCUMENT # P95000015524 1. Corporation Name				SECRETARY OF STATE TALLAHASSEE, FLORIDA		
QUALITY MEDICAL CENTER, INC.			1	7 tame 12 17 (October 7 ta O1 1)		
Principal Place of Business	Mailing Addi	ress			1881 PINS SELIN (1871 BIS) 1881	
782 N.W. LEJEUNE ROAD 782 A. 782 N.W. LE MIAMI FL 33126 641 MIAMI FL 3		EJEUNE ROAD #429 A 33126				
If above addresses are incorrect in any way, line	through incorrect i	information and enter correction below.	RFIN	STATEME	NT (N)	
2. New Principal Office Address, If Applicable3. New Mailing Of		ling Office Address, If Applicable	To Do Busin	orareo di Cuantina. ness in Florida 0	2/24/1995	
Suite, Apt. #, etc. Suite, Ap		5. FEI Numbe			Applied For	
City & State City & State		Country	6.	0558398 -8	Not Applicable Additional Fee requires	
				OF STATUS DESIRED []	or a Certificate of Status	
7. Names and Street Addresses of Each Officer a Title(s) 1 2 Name of Officers and/or Directors	Street Address of Ea Officer and/or Direct	ıch	City / Sta	ate / Zīp		
P ROS, JOSE Q		782 N.W. LEJEUNE ROAD, #4				
p.			<u>· </u>		······································	
			20	00002050 -01/08/870	1621	
			 	-01/08/970 ****375.00		
	<u> </u>				<u> </u>	
				961-	397	
8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name						
ROS, JOSE Q 782 N.W. LEJEUNE ROAD ************************************			(P.O. Box Number	is Not Acceptable)	<u></u>	
MIAMI FL 33126	Suite, Apt. #, E	Suite, Apt. #, Etc.				
		City		State	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 X Page 12-16-96 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 No (See other side for information on intangible tax.)						

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 filling 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

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-16-96

Daytime Phone #