PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

97 NOV -5 AM 11:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000023777**

1. Corporation Name
UNIVERSITY CLINICAL ASSOCIATES, INC.

Principal Place of Business	Mailing Address
1411 N. FLAGLER DR. STE. 9300 WEST PALM BEACH FL 33401	1411 N. FLAGLER DR. STE. 9300 WEST PALM BEACH FL 33401

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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 03/22/1995

5. FEI Number: 65-0578132 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $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
D	MOSKOWITZ, BRUCE	1411 N. FLAGLER DR., #9300	WEST PALM BEACH FL 33401
D	O'CONNOR, GERALD	1411 N. FLAGLER DR., #9300	WEST PALM BEACH FL 33401
D	DODSON, DAVID	1411 N. FLAGLER DR., #9300	WEST PALM BEACH FL 33401
D	WACKS, ROBERT	1411 N. FLAGLER DR., #9300	WEST PALM BEACH FL 33401
D	WEISS, ROBERT	1411 N. FLAGLER DR., #9300	WEST PALM BEACH FL 33401
D	CARDEN, ALEXANDER	1411 N. FLAGLER DR., #9300	WEST PALM BEACH FL 33401

8. Name and Address of Current Registered Agent

JURAN, LAWRENCE B
2255 GLADES RD.
SUITE 300E
BOCA RATON FL 33431

11/5/97

REINSTATEMENT 97

9. Name and Address of New Registered Agent

Name: Mitchell D. Schepps
Street Address (P.O. Box Number is Not Acceptable): 777 South Flagler Drive.
Suite, Apt. #, Etc.: Suite 1102W
City: West Palm Beach | State: FL | Zip Code: 33401

CR2E040 (8/97)

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: Mitchell D. Schepps
REGISTERED AGENT MUST SIGN

Date: 10/31/97

500002343015--5
-11/10/97--01119--006
*****750.00 *****750.00

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes [X] No ☐ (Check this side for $750.00 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 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: _____ 10/31/97 561-833-1628
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
BRUCE MOSKOWITZ, M.D.