

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000032777 1. Corporation Name SpinalHealth Centers, P.A.			
2. Principal Office Address 7105 N.W. 18th Ave. Suite, Apt. #, etc.		3. Mailing Office Address 7105 N.W. 18th Ave. Suite, Apt. #, etc.	
City & State Gainesville, FL		City & State Gainesville, FL	
Zip 32605	Country US	Zip 32605	Country US

FILED

03 MAR 28 AM 8:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 02-03

200014412682
03/20/03--01056--005 **900.00

4. Date Incorporated or Qualified To Do Business in Florida		04/26/1995
5. FEI Number 59-3310678	Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent		
Name Sutterlin, Chester E. III		
Street Address (P.O. Box Number is Not Acceptable) 7105 N.W. 18th Ave.		
Suite, Apt. #, Etc.		
City Gainesville	State FL	Zip Code 32605

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*Chester E Sutterlin III*

Date 3/26/03

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 Officers and/or Director	City/State/Zip
D	Sutterlin, Chester E.	7105 N.W. 18th Ave.	Gainesville, FL 32605

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:

Chester E Sutterlin III MD President/CEO
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date 3/12/03 Daytime Phone # (352) 331-3772