1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM (((H03000342808 3)))

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 DEC 29 PM 3:40
SECRETARY OF STATE
TALLAHASSEE FLORIDA
(((H03000342808 3)))

DOCUMENT # P95000044637

1. Corporation Name
Practice Management Partners, Inc.

2. Principal Office Address	3. Mailing Office Address
2100 Gulf Blvd.#12	2100 Gulf Blvd.#12
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Belleair Beach, FL	City & State: Belleair Beach, FL
Zip: 33786 Country: USA	Zip: 33786 Country: USA

REINSTATEMENT 03

4. Date Incorporated or Qualified To Do Business in Florida: 06/09/1995

5. FEI Number: 59-3318719 ☐ Applied For ☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name: Don B. Weinbren

Street Address (P.O. Box Number is Not Acceptable): 101 East Kennedy Blvd.

Suite, Apt. #, Etc.: Suite 2700

City: Tampa State: FL Zip Code: 33602

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: 12/29/03

CR2E061 (10/02)

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
PD	Flynn, Michael P M.D.	2100 Gulf Blvd.#12	Belleair Beach, FL 33786

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] Michael P. Flynn, President 12/29/03 (727) 593 3295
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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Florida Department of State
Division of Corporations
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Division of Corporations
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From:
Account Name : TRENAM, KEMKER, SCHARF, BARKIN, FRYE, O'NEILL & MULLIS, P.A
Account Number : 076424003301
Phone : (813)223-7474
Fax Number : (813)229-6553

JTM 034693

CORPORATION REINSTATEMENT

PRACTICE MANAGEMENT PARTNERS, INC.

Certificate of Status	0
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