

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

1997 MAR 10 AM 9:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P95000096336

1. Corporation Name
PHYSICIAN PREFERRED SERVICES, INC.

Principal Place of Business 5902 MEMORIAL HIGHWAY STE 814 TAMPA FL 33615	Mailing Address 5902 MEMORIAL HIGHWAY STE 814 TAMPA FL 33615
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If above addresses 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		4. Date Incorporated or Qualified To Do Business in Florida 12/21/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <i>Applied for</i> 59-3348439 Applied For <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/>	
City & State		City & State		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
Zip	Country	Zip	Country		

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	ROMERO, LOUIS	5902 MEMORIAL HIGHWAY STE 814	TAMPA FL 33615
			800002110578--0 -03/11/97--01133--006 ****175.00 ****175.00
			800002110578--0 -03/11/97--01133--007 ****200.00 ****200.00
REINSTATEMENT <i>alred 3/11/97</i>			

8. Name and Address of Current Registered Agent ROMERO, LOUIS 5902 MEMORIAL HIGHWAY STE 814 TAMPA FL 33615		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code	
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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: *Louis A. Romero* Date: *12/20/96*
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 (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 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: *Louis A. Romero* Date: *12/20/96*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # *(813) 882-9048*

CR26040 (7/96)