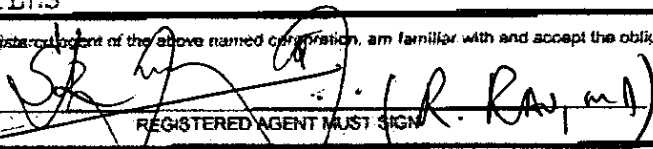
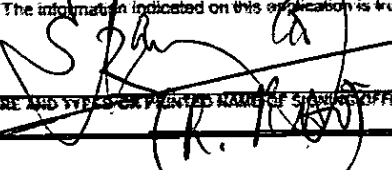


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		02 AUG 14 PM 12:59 SECRETARY OF STATE TALLAHASSEE, FLORIDA																													
DOCUMENT # P96000001227 1. Corporation Name PALLY & RAO, MD'S, PA																																	
2. Principal Office Address 37852 MEDICAL ARTS CT Suite, Apt. #, etc. SUITE A City & State ZEPHYRHILLS, FLORIDA Zip 33541		3. Mailing Office Address Suite, Apt. #, etc. City & State Zip Country USA		4. Date Incorporated or Qualified To Do Business in Florida 01-01-96 5. FEI Number 59-3361022 6. CERTIFICATE OF STATUS DESIRED ☐ \$0.75 Additional Fee required for a Certificate of Status																													
7. Name and Address of Current Registered Agent Name RAMANATH S. RAO Street Address (P.O. Box Number is Not Acceptable) 37852 MEDICAL ARTS CT Suite, Apt. #, Etc. SUITE A City ZEPHYRHILLS																																	
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:  REGISTERED AGENT MUST SIGN Date: 8/9/02																																	
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Titles</th> <th>Name of Officers and/or Directors</th> <th>Street Address of Each Officer and/or Director</th> <th>City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>VP</td> <td>RAMANATH S. RAO</td> <td>37852 MEDICAL ARTS CT</td> <td>ZEPHYRHILLS, FL 33541</td> </tr> <tr> <td>P</td> <td>MADHAVA T. PALLY</td> <td>37852 MEDICAL ARTS CT</td> <td>ZEPHYRHILLS, FL 33541</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>						Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	VP	RAMANATH S. RAO	37852 MEDICAL ARTS CT	ZEPHYRHILLS, FL 33541	P	MADHAVA T. PALLY	37852 MEDICAL ARTS CT	ZEPHYRHILLS, FL 33541																
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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)(f), 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:  8/9/02 (813) 786-0439 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																	