


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

01 OCT 29 PH 4: 35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000016055

1. Corporation Name
NATIONAL MEDICAL GROUP, INC.

300004691589--9
-11/21/01--01099--007
****758.00 ****758.00

2. Principal Office Address: **6630 Biscayne Blvd**
3. Mailing Office Address: **6630 Biscayne Blvd**

City & State: **MIAMI FL** City & State: **MIAMI FL**

Zip: **33138** Zip: **33138**

REINSTATEMENT 2001

4. Date Incorporated or Qualified To Do Business in Florida: **02-21-96**

5. FEI Number: **65-0656594**

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

7. Name and Address of Current Registered Agent

Name: **IKPE, NSIDIBE DR.**

Street Address (P.O. Box Number is Not Acceptable): **6630 BISCAYNE BLVD.**

City: **MIAMI FL** State: **FL** Zip Code: **33138**

8. I being appointed the registered agent of the above named corporation am familiar with and accept the obligations of section 607.1505 or 607.1705(3) F.S.

Signature of Registered Agent: **IKPE** DATE: **10/26/01**

9. Names and Street Addresses of Each Officer and Director (For all nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City/State/Zip
PRES	IKPE, NSIDIBE, DR.	6630 Biscayne Blvd	MIAMI FL 33138
V. PRES	MOISE, RUDOLPH DR.	671 NW 119 th St.	N. MIAMI FL 33168
TREASURER	ADAM MARIE, MD.	1001 NW 54 th St.	MIAMI FL 33127

10. I certify that I am an officer or director of the recipient of this application and that the information provided in this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: **IKPE** DATE: **10/26/01**