

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 MAR 25 AM 8:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000021302

1. Corporation Name  
Maturity Medical of Pinellas, Professional Association

**REINSTATEMENT** 02-04

2. Principal Office Address 6800 Gulfport Boulevard South Suite, Apt. #, etc. <b>Suite 215</b>		3. Mailing Office Address <del>6800 Gulfport Boulevard South</del> <b>502 Pasadena Ave S</b> Suite, Apt. #, etc. <b>Suite 215</b>	
City & State <del>St. Petersburg, South Pasadena, FL</del> <b>St. Petersburg, South Pasadena, FL</b>		City & State <del>St. Petersburg, South Pasadena, FL</del> <b>St. Petersburg, South Pasadena, FL</b>	
Zip 33707	Country U.S.A.	Zip 33707	Country U.S.A.

200030948912  
03/23/04--01106--020 \*\*1050.00

4. Date Incorporated or Qualified  
To Do Business in Florida 03/01/1996

5. FEI Number 593367370	Applied For Not Applicable
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6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
Gassman, Alan Esq.

Street Address (P.O. Box Number is Not Acceptable)  
1245 Court Street

Suite, Apt. #, Etc.  
Suite 102

City Clearwater	State FL	Zip Code 33756
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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 Date \_\_\_\_\_

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 Officer and/or Director	City / State / Zip
Dr.	Oswald A. Williams	<sup>Mailing</sup> 412 6th Ave P.O. Box 515	Tierra Verde FL, 33715
		<sup>Physical address</sup> 34149 St Joe Rd Dade City, FL 33525	SAN ANTONIO, FL 33576

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: 3/18/04 (727) 381-9500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (01/04)