PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
98 APR 17 PM 12:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000034150

1. Corporation Name
HEALTH CARE NETWORK OF SOUTHWEST FLORIDA, INC.

Principal Place of Business: 2000 Main Street, Suite ~~600~~ 601, Fort Myers, Fl 33901
Mailing Address: same

REINSTATEMENT 97-98
DO NOT WRITE IN THIS SPACE

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
Suite, Apt #, etc.: Suite 601
City & State
Zip | Country

3. New Mailing Address, If Applicable
Suite, Apt #, etc.: Suite 601
City & State
Zip | Country

4. Date Incorporated or Qualified To Do Business in Florida: April 18, 1996

5. FEI Number: 65-0706573 — Applied For ☐ Not Applicable ☐

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

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
President	Steven E. Levine, M.D.	2000 Main St. Suite 601	Ft. Myers, FL 33901

4/17/98

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****908.75 ****908.75

8. Name and Address of Current Registered Agent
Corporation Service Company
1201 Hays St.
Tallahassee, FL 32301

9. Name and Address of New Registered Agent
Name: Steven E. Levine, M.D.
Street Address (P.O. Box Number is Not Acceptable): 2000 Main St.
Suite, Apt. #, Etc.: Suite 601
City: Fort Myers | State: FL | Zip Code: 33901

CR2E040 (12/95)

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 ✓ _____ Date 4/1/98
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: ✓ _____ Date 4/1/98 Daytime Phone # 941-477-3955
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR