PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 JUL -3 AM 10:13

DOCUMENT # P96000087954(9)

1. Corporation Name

PASCO/PINELLAS PEDIATRICS, P.A.

REINSTATEMENT 98-01

2. Principal Office Address	**3.** Mailing Office Address
1501 Alternate 19 South	Same
Suite, Apt. #, etc.: Suite B	Suite, Apt. #, etc.
City & State: Tarpon Springs, FL 34689	City & State
Zip: 34689 Country: USA	Zip Country

4. Date Incorporated or Qualified To Do Business In Florida: 10/18/1996

5. FEI Number: 59-3405299 ☐ Applied For ☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name: Peter G. Agoris, M.D.

Street Address (P.O. Box Number is Not Acceptable): 1501 Alternate 19 South

Suite, Apt. #, Etc.: Suite B

City: Tarpon Springs | State: FL | Zip Code: 34689

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 6/6/01

REGISTERED AGENT MUST SIGN

CR2E061 (9/00)

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
P	Peter G. Agoris, M.D.	1501 Alternate 19 South, Ste B	Tarpon Springs, FL 34689
			800004462848--7
			-07/06/01--01097--023
			***1200.00 ***1200.00

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: _____ Peter G. Agoris 6/6/01 722-934-3474

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

6/20/01

To: Division of Corporation

From: Maureen Bartinas, Sec.

This is to inform you that I will like to dissolve the recent corporation filed on March 9, 2001. I have no intention of Revoking the voluntary Dissolution

If you have any question concerning this matter, do not hesitate to contact me at (305) 220-5876 or (305) 607-5774.

Sincerely

East Coast Mortgage Corporation

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DIVISION OF CORPORATIONS