APPROVED AND FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

98 DEC -2 PM 3:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000092299

1. Corporation Name
SUNMED HEALTHCARE PROVIDERS OF WEST FLORIDA, INC.

200002704862--4
-12/07/98--01140--012
****758.75 ****758.75

REINSTATEMENT

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address

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

2. New Principal Office Address, if Applicable	3. New Mailing Address, if Applicable
1150 NW 72 Ave.	P.O. Box 526200
Suite, Apt. #, etc.: 500	Suite, Apt. #, etc.:
City & State: Miami, Florida	City & State: Miami, Florida
Zip: 33126 Country: Dade	Zip: 33152 Country: Dade

4. Date Incorporated or Qualified To Do Business in Florida: 11/15/96

5. FEI Number: 65-0876130 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City/State/Zip
C	Phillip W. Bangerter	1150 NW 72 Ave., Ste 500	Miami, FL 33126
D	Alexander W. Tirado	1150 NW 72 Ave., Ste 500	Miami, FL 33126
D	William L. Tarr Jr.	711 S. Lincoln Ave.,	Clearwater, FL 34616
D	Edward C. Lasher	1150 NW 72 Ave., Ste 500	Miami, FL 33126

12/4

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name: Alexander Tirado
Street Address (P.O. Box Number is Not Acceptable): 1150 NW 72 Ave.
Suite, Apt. #, Etc.: 500
City: Miami State: FL Zip Code: 33126

CR2E040(1/95)

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 11-1-98

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: _____ 11-1-98
SIGNATURE AND TYPED OR PRINTED NAME SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

(FLA. - 2113 - 3/7/96)