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Fax Audit No. H02000215223

FILED

02 OCT 23 PM 4:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000066321

1. Corporation Name

Hollywood Emergency Care Specialists, Inc.

2. Principal Office Address
2828 Croasdaile Drive
Suite, Apt. #, etc.
City & State
Durham, North Carolina
Zip 27705 County USA

3. Mailing Office Address
c/o Legal Department
2828 Croasdaile Drive
Suite, Apt. #, etc.
City & State
Durham, North Carolina
Zip 27705 County USA

4. Date Incorporated or Qualified To Do Business in Florida 07/30/97

5. FEI Number 65-0425489 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: CT Corporation System
Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road
Suite, Apt. # Etc.
City: Plantation
State: FL Zip Code: 33324

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: Barbara A Burke BARBARA A. BURKE SPECIAL ASSISTANT SECRETARY
REGISTERED AGENT MUST SIGN
Date: 10/17/02

9. Names and Street Addresses of Each Officer and/or Director (Florida 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
D/T/S	Anita Wegner	2828 Croasdaile Drive	Durham, NC 27705
D/P	Jack Greenman	500 West Cypress Creek Rd.	Ft. Lauderdale, FL 33309

98-02

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: Anita Wegner Anita Wegner 10/17/02 (800) 476-4587
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E044 (8/99)

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Florida Department of State

Division of Corporations
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CORPORATION REINSTATEMENT

HOLLYWOOD EMERGENCY CARE SPECIALISTS, INC.

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	$1,358.75

1508927-0013
ATTN: MWAGONER