

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000073022

1. Corporation Name

Southwestern Medical Solutions, Inc.

2. Principal Office Address

12620 East Calle Mia

Suite, Apt. #, etc.

City & State

Tucson, AZ

Zip

85749

Country

USA

3. Mailing Office Address

12620 East Calle Mia

Suite, Apt. #, etc.

City & State

Tucson, AZ

Zip

85749

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

8-22-97

5. FEI Number

88-0423950

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

100023759791
10/13/03--01090--004 **558.75

FILED
04 JAN 20 AM 11:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7. Name and Address of Current Registered Agent

Name

Richard R. Powell

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

13014 North Dale Mabry Highway

Suite, Apt. #, Etc.

Suite 319

City

Tampa Bay

State

FL

Zip Code

33618

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

Richard R. Powell

Date

01/15/2004

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
D/P/T	John R. Hedges	12620 East Calle Mia	Tucson, AZ 85749
D/S	D. Diane Hedges	12620 East Calle Mia	Tucson, AZ 85749
D	Basil J. Meecham	12620 East Calle Mia	Tucson, AZ 85749

REINSTATEMENT

03-04

T. Lewis 1/21/04

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(520) 906-8521 1/12/04

CR2E081 (10/02)