, PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS			FILED			
DOCUMENT # P970000 80503				14 OCT 21 (111) 9: 2 9		
1. Corporation Name Village Pediatrics, P.A.				SECRETARY OF BIATE TALLAHASSEE FLORIDA		
2. Principal Office Address - No P.O. Box # 1109 Seminale Drive Suite Apt #, etc.	109 Seminole Drive 1660 Mars			. 4 Date Inco	CR2E081 (11/10)	
City & State Rockledge, FL Zip Country Zip Country Zip Country Zip Country			у	To Do Business in Florida 69 15 97 5. FEI Number Applied For Not Applicable 6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required		
	7 Name and Address of Current Registered Agent			CERTIFICA	for a Certificate of Status	
Name Denise Miller Street Address (P.O Box Number is Not Acceptable) 974 Brevard Avenue Suite, Apt. #, Etc Suite A City Rockledge State \$100000000000000000000000000000000000				100265645881 10/21/1401020017 **/50.00		
8. I, being appointed the registered agent of the Signature of Registered Agent	above named corpor	ille	with and accept the o	bligations of sect	Date	
Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least titles. Name of Street Address of Each Street Address of Each Street Address of Each Street Address of Each				ast 3 directors)	City / State / Zip	
DR Buth Rodrig	-	1660 Mars Street			Merritt Island, Fiz 32953	
					~	
					OCT 2 3 2014	
REINSTAIL	VIENT	2014			L. SELLEKO	
10. E-mail Address: Genise	Ø hmba	ccounti	ing . Com	`		
11. I certify that I am an officer or director or the recreinstatement application, the reason for dissolution owed by the corporation have been paid. I furth if made under oath, I am aware that false inform	eiver or trustee emp tion has been elimini er certify, the informa	owered to execute ated, the corporate ition indicated on the document to the Di	name satisfies the re his application is true a epartment of State co	rovided for in cha equirements of se and accurate, an	ection 607.0401 or 617.0401, F.S., and that all fees d my signature shall have the same legal effect as	