PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

DO NOT WRITE IN THIS SPACE

FILED
98 DEC 15 AM 10:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Read Instructions on Other Side Before Making Entries
Make Check Payable To: *Department of State*

1. Name and Mailing Address of Corporation: DOCUMENT # P97000018275
Medical IPA of the Palm Beaches, Inc.
1119 Royal Palm Beach Blvd.
Royal Palm Beach, Florida 33411

REINSTATEMENT98

2. If Address in Block 1 is incorrect in any way, enter the correct address below.
Address
City and State Zip Code

3. If Principle Office Address is different from mailing address, enter address below:
Address
City and State Zip Code

4. Date Incorporated or Qualified To Do Business in Florida	5. FEI Number	FEI Number Applied For	6. $8.75 Additional Fee required for a Certificate of Status
November 17, 1997	65-0851056	FEI Number Not Applicable	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
D	William Stechshulte,MD	1119 Royal Palm Bch, Blvd.	Royal Palm Beach, FL 33411

800002715528--4
-12/18/98--01024--003
****750.00 ****750.00

REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent
Peter J. Snyder, P.A.
2295 Corporate Blvd., Suite #145
Boca Raton, Florida 33431

9. If changed, new registered agent / office
Name: Marc H. Auerbach, Esq.
Street Address (Do NOT Use P.O. Box Number): 100 S.E. 2nd Street
Street Address (Do NOT Use P.O. Box Number): Suite 2800
City: Miami, State: FL. Zip: 33131

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 Marc Auerbach Date
REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. 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.)

13. 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 of Officer or Director William J. Stechshulte MD Date 12-7-98 Daytime Phone # (561) 790-2876

CR2E040 (8/92)