

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 JAN 11 PM 5:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000107769

1. Corporation Name
Florida Gastroenterology Specialists, P.A.

2. Principal Office Address
1713 NW Federal Hwy.
Suite, Apt. #, etc.

3. Mailing Office Address
1713 NW Federal Hwy
Suite, Apt. #, etc.

City & State
Stuart, FL

City & State
Stuart, FL 34994

Zip Country
34994 USA

Zip Country
34994 USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
65-0807000 Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-05

7. Name and Address of Current Registered Agent

Name
Stuart Klein

Street Address (P.O. Box Number is Not Acceptable)
1551 Forum Place

Suite, Apt. #, Etc.
400B

City
West Palm Beach

State Zip Code
FL 33401

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 Stuart B Klein Date 1/2/05
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
Pres	Leonard J. Ram	1713 NW Federal Hwy	Stuart, FL 34994

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01/11/05--01015--019 **1050.00

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: LR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081(01/04)