PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
01 JUN 29 PM 1:42

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000028104

1. Corporation Name
Silver Lakes Urgent Treatment & Walkin Center Inc

700004481417--9
-07/17/01--01093--003
****150.00 ****150.00

2. Principal Office Address	3. Mailing Office Address
17901 NW 5 Street #101	same
Suite, Apt. #, etc.: Suite 101	Suite, Apt. #, etc.:
City & State: Pembroke Pines	City & State:
Zip: Florida / Country: Broward	Zip: / Country:

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

5. FEI Number: 65-0838308 — 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: Antonio H. Wong M.D.

Street Address (P.O. Box Number is Not Acceptable): 17901 NW 5 Street #101

Suite, Apt. #, Etc.: 101

City: Pembroke Pines — State: FL — Zip Code: 33029

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: _____ REGISTERED AGENT MUST SIGN — Date: 5-1-01

CR2E084 (9/00)

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
president	Ausberto Hidalgo, M.D.	17901 NW 5 St. #101	Pembroke Pines, Fl. 33029
vice president	Juan Castillo-Plaza M.D.	17901 NW 5 St. #101	Pembroke Pines, Fl. 33029
secretary	Antonio Wong, M.D.	17901 NW 5 Street #101	Pembroke Pines, Fl. 33029

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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: _____ 5-1-01 954-442-8380
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #