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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> 798000031157 1. Corporation Name Ocala Pulmonary Associates, P.A.			
2. Principal Office Address 3221 SW 33rd Rd Suite, Apt. #, etc.		3. Mailing Office Address 3221 SW 33rd Rd. Suite, Apt. #, etc.	
City & State Ocala, Florida Zip 34474 Country		City & State Ocala, Florida Zip 34474 Country	
4. Date Incorporated or Qualified To Do Business in Florida 04/03/1998 5. FEI Number 650827258 Applied For Not Applicable 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status			
7. Name and Address of Current Registered Agent Name KATHLEEN FALESTINY, RN Street Address (P.O. Box Number is Not Acceptable) 3221 SW 33rd Rd Suite, Apt. #, Etc. City Ocala State FL Zip Code 34474			
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 K. Falestiny RN Date 4/8/02 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
PSD	Falestiny, Hany M.D.	3221 SW 33rd Rd.	Ocala, Florida 34474
T	Falestiny, Kathleen RN	3221 SW 33rd Rd.	Ocala, Florida 34474
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: K. Falestiny RN K. FALESTINY, RN SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4/8/02 352-237-7355 Date Daytime Phone #	

CR2E081 (9/01)