PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT, OF STATE Katherine Harris Corporation Name MEDICAL CARE OF DELRAY, INC. Mailing Address Principal Place of Business 3933 N. Andrews Ave. 18796 W. Dixie Highway N. Miami Beach, FL33180 Fort Lauderdale, FL If above addresses are incorrect in any way, line through incorrect information and enter correction below 3. New Mailing Office Address, If Applicable 2. New Principal Office Address, If Applicable 4. Date Incorporated or Qualified To Do Business in Florida August 17, 1998 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For City & State City & State 650861763 Not Applicable Zip Country Zip Country CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each and/or Directors Officer and/or Director City / State / Zip Title(s) (Do NOT Use Post Office Box Numbers) 3933 N. Andrews Avenue Fort Lauderdale, FL P/V/T Dr. Sal Pellegrino 33309 -01/04/00--01006--001 SHEPARD JAN 4 - 2000 ****758.75 ****758.75 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name Dr. Sal Pellegrino Street Address (P.O. Box Number is Not Acceptable) 3933 N. Andrews Avenue Suite, Apt. #, Etc. City State | Zip Code **FL** <u>| 33</u>309 Fort Lauderdale

10. 1, 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 Date _December_30, 1999 Registered Agent Pellegrand AGENT MUST SIGN 11. This corporation owes the current year (See other side for information on intangible tax.) Intangible Personal Property Tax due June 30. 12. 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. December 30, 1999 SIGNATURE: SIGNATURE AND YPED OR PRINTED AME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

(954)396-9923

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