PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
01 DEC 18 AM 10:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98-000082219

1. Corporation Name
J. Ross Medical, Inc.

2. Principal Office Address	3. Mailing Office Address
3000 E. Sunrise Blvd	3000 E. Sunrise Blvd
Suite, Apt. #, etc. 10-C	Suite, Apt. #, etc. 10-C
City & State Ft. Lauderdale FL	City & State Ft. Lauderdale, FL
Zip 33304 Country USA	Zip 33304 Country USA

REINSTATEMENT 99-01

4. Date Incorporated or Qualified To Do Business in Florida 9/21/98

5. FEI Number 65-0864398 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

900004746509--2
-01/02/02--01024--009
***1050.00 ***1050.00

Name: Thomas G. Pye, Esquire
Street Address (P.O. Box Number is Not Acceptable): 23 NW 33 Court
Suite, Apt. #, Etc.: Suite 5
City: Gainesville State: FL Zip Code: 32607

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: Thomas G. Pye — REGISTERED AGENT MUST SIGN Date: 12/17/01

CR2E031 (8/00)

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
D P,V,S T	John W. Ross	3000 E. Sunrise Blvd Suite 10-C	Ft. Lauderdale, FL 33304

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: John W. Ross — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
12/17/01 — Date
954-537-2112 — Daytime Phone #