

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Pg 10F2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 JAN -4 AM 8:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000083011
1. Corporation Name Palm Beach Eye Care Center, PA

WOU-45460

REINSTATEMENT 00-015

2. Principal Office Address
109 A JFK DR

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Atlanta

City & State

Zip
FL

Country
USA

Zip
33462

Country

4. Date Incorporated or Qualified To Do Business in Florida. 9/24/98

5. FEI Number
65087337

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
Richard G Shugerman, MD
Street Address (P.O. Box Number is Not Acceptable)
109 A JFK DR
Suite, Apt. #, Etc.
City
Atlanta State FL Zip Code 33462

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 [Signature] Date 12/8/04
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
Dr.	Richard G Shugerman President	109 A JFK DR	Atlanta FL 33462

200044098047
01/05/05--01049--002 **900.00

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: [Signature] Date 12/8
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CFR2001 (01/04)

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RICHARD G. SHUGARMAN, M.D.

DIPLOMATE OF THE AMERICAN BOARD OF OPHTHALMOLOGY
FELLOW OF THE AMERICAN COLLEGE OF SURGEONS

December 8, 2004

Department of State
Division of Corporations
PO Box 6327
Tallahassee, Fl 32314

Re: Palm Beach Eye Care Center, PA
Document # P98000083011

Dear Sir-or Madam,

Attached please find our request for Corporate Reinstatement.

We never received the annual notices to renew this annually and subsequently it has been placed in inactive status.

Would you please consider waiving the reinstatement fee as we had not received the annual renewal notices?

Thank you in advance for your consideration. We look forward to our reinstatement.

Yours truly,

Richard G. Shugarman, M.D