

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

02 APR 10 AM 10:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000094846

1. Corporation Name
Healthchoice Medical Group, Inc.

REINSTATEMENT 01-02

700005325097--6

-04/23/02--01025--023

****900.00 ****900.00

2. Principal Office Address
207 N. Krome Ave.

3. Mailing Office Address
207 N. Krome Ave

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida 11/10/98

City & State
Homestead, FL

City & State
Homestead, FL

5. FEI Number
65-0875085

Applied For
Not Applicable

Zip Country
33030 USA

Zip Country
33030 USA

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Reynaldo Perez

Street Address (P.O. Box Number is Not Acceptable)
201 N. Krome Ave.

Suite, Apt. #, Etc.

City
Homestead

State
FL

Zip Code
33030

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 *4/4/02*
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
P	Reynaldo Perez	207 N. Krome Ave	Homestead, FL 33030

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]* Reynaldo Perez Date *4/4/02* (305)246-0056
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E081 (9/01)

4/15/02



11120 N. Kendall Dr., Suite 201
Miami, Florida 33176
Phone (305) 270-2040
Fax (305) 595-8695

BARRERAS & RACHLIN, P.L.

March 29, 2002

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

**Re: Healthchoice Medical Group, Inc.
Document #P98000094846
EIN #65-0875085**

Dear Sir or Madam,

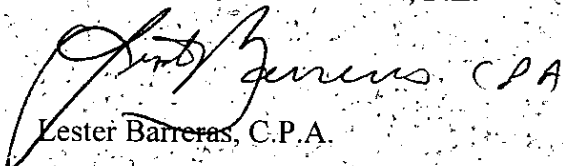
We are the accountants for the above referenced taxpayer and have been requested to correspond with you on their behalf. Enclosed please find our client's reinstatement form along with the appropriate fee in order to reactivate their corporation which was dissolved on 9/21/01.

It has come to our attention that your records show an incorrect Federal ID Number which must be corrected immediately. **The correct ID number is 65-0875085.**

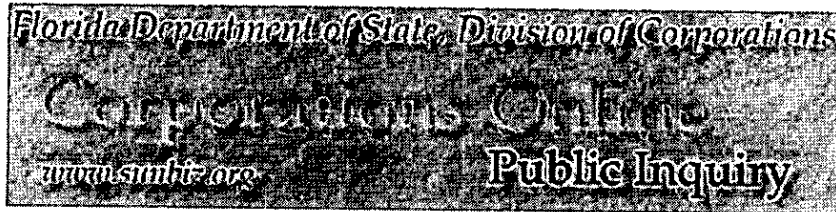
Should you have any questions, please feel free to call us at your earliest convenience.

Sincerely,

BARRERAS & RACHLIN, P.L.


Lester Barreras, C.P.A.

LB/cmc
Enclosures



Florida Profit

HEALTHCHOICE MEDICAL GROUP, INC.

PRINCIPAL ADDRESS

207 N. KROME AVE.
HOMESTEAD FL 33030

MAILING ADDRESS

207 N. KROME AVE.
HOMESTEAD FL 33030

Document Number
P98000094846

FEI Number
650875025

Date Filed
11/10/1998

incorrect. The correct ID# is: 65-0875085. Please adjust your records.

State
FL

Status
INACTIVE

Effective Date
NONE

Last Event
ADMIN DISSOLUTION
FOR ANNUAL REPORT

Event Date Filed
09/21/2001

Event Effective Date
NONE

Registered Agent

Name & Address
PEREZ, REYNALDO 207 N-KROME AVE. HOMESTEAD FL 33030

Officer/Director Detail

Name & Address	Title
PEREZ, REYNALDO 207 N. KROME AVE. HOMESTEAD FL 33030	D

Annual Reports

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