PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT 06/01 amend

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 JUN 13 PM 1:23

DOCUMENT # P99000004611

1. Corporation Name
First Med Financial Group, Inc.

2. Principal Office Address	3. Mailing Office Address
4932 NW 119th Terrace	4932 NW 119th Terrace
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Coral Springs, FL	City & State: Coral Springs, FL
Zip: 33076 Country: ~~USA~~	Zip: 33076 Country: USA

4. Date Incorporated or Qualified To Do Business In Florida: 1-13-1994

5. FEI Number: 650889245 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $6.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Martin D. Jenkins

200004458092--4
07/03/01 01055-029
****300.00 ****300.00

Street Address (P.O. Box Number is Not Acceptable): 4932 NW 119th Terrace

Suite, Apt. #, Etc.:

City: Coral Springs State: FL Zip Code: 33076

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: Martin Jenkins Date: 6-11-01
REGISTERED AGENT MUST SIGN

CR2E061 (9/00)

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
president	Martin Darrit Jenkins	4932 NW 119th Terr	Coral Springs, FL 33076

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: Martin Jenkins Martin D Jenkins 6-11-01 877-881-5788
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #