

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

01 MAY -9 PM 12: 28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P99000025657

**1. Corporation Name**

PEDIATRIC MEDICAL EDUCATION, INC.

**2. Principal Office Address**  
1584 S.E. 19th Avenue

**3. Mailing Office Address**  
1584 S.E. 19th Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**  
Pompano Beach, Florida

**City & State**  
Pompano Beach, Florida

**Zip** 33062  
**Country** U.S.A.

**Zip** 33062  
**Country** U.S.A.

**4. Date Incorporated or Qualified  
To Do Business in Florida**

3/22/99

**SP**

**5. FEI Number**

☐ 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**

W. MORGAN SPEER, ESQUIRE

**Street Address (P.O. Box Number is Not Acceptable)**

1800 Australian Avenue South

**Suite, Apt. #, Etc.**

Suite 100

**City**

West Palm Beach

**State**  
FL

**Zip Code**  
33409

100004341061-1  
-06/05/01--01018-002  
\*\*\*\*900.00 \*\*\*\*00.00

**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**

W. Morgan Speer  
REGISTERED AGENT MUST SIGN

**Date** April 30, 2001

**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
PD	Richard A. Neubauer, M.D.	4001 Ocean Drive	Lauderdale-By-The-Sea, Florida 33308
D	Cindy R. Speer	18 Via de Casas Sur #102	Boynton Beach, FL 33426
D	Regina Cooper	4001 Ocean Drive	Lauderdale-By-The-Sea, Florida 33308

**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)(l), 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:**

Cindy R. Speer

Cindy R. Speer

4/30/01

(561) 733-8184

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/00)