PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. PAGE 182 FLORIDA DEPARTMENT OF STATE APPLICATION **Katherine Harris** Secretary of State DIVISION OF CORPORATIONS P99000028605 DOCUMENT # 02 MAR -1 AM 11: 15 1. Corporation Name ANDREA I. BAYER, M.D., P.A Principal Place of Business Mailing Address 7145 DEER POINT LANE 7145 DEER POINT LANE W PALM BEACH FL 33411 W PALM BEACH FL 33411 If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable Date Incorporated or Qualified To Do Business in Florida 03/29/1999 8610 Whisperin 5. FEI Number Applied For 65-0907497 Not Applicable CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each Title(s) City / State / Zip and/or Directors Officer and/or Director D BAYER, ANDREA I MD 7145 DEER POINT LANE W PALM BEACH FL 33411 8610 Whopening Cake 600005074156--4 -03/08/02--01085--020 ****300.00 ****300.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent CR2E040 (8/01 BAYER, ANDREW Street Address (P.O. Box Number is Not Acceptable) 7145 REAR POINT LANE 8610 Suite, Apt. #, Etc. **WEST PALM BEACH FL 33411** 10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN 11. 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:

Daytime Phone

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

225 n.e. mizner blvd., ste. 250 boca raton, florida 33432 PAGE 2012

561 394 5100 **561** 750 9781 fax

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www.kaufmanrossin.com

January 21, 2002

Division of Corporations Uniform Business Report Filings P.O. Box 1500 Tallahassee, FL 32302

_Re: ___<u>Andrea I_Bayer, M</u>D, PA__.

EIN#: 65-0907.497

Form: Uniform Business Report ---

Dear Sir or Madam:

KAUFMAN
ROSSIN &
CO. PROFESSIONAL
ASSOCIATION
EERTIFIED PUBLIC ACCOUNTANTS

We are the accountant for the above mentioned client and have been asked by the client to correspond on their behalf. Andrea L. Bayer, MD, PA moved in 2001 from 74.45 Deer Point Lane in West Palm Beach, 33411. The client never received their uniform business report so that they could file for 2001. Due to this, the State of Florida has dissolved the corporate name. At this time we-are asking that the corporation be reinstated. We are also requesting that the regular annual fee be assessed and that any late penalties be abated for reasonable cause. It was not the client's intention to disregard its responsibility in filing this report, it was simply an administrative error.

Please do not hesitate to contact me should you have any questions regarding this matter.

Very truly yours,

Mad a Worth CPA

Mark A. Weinstock, CPA

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