PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 FEB -9 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 99 000034685

1. Corporation Name
Healthy Choice OBstetrics and Gynecology, PA

REINSTATEMENT 02-04

2. Principal Office Address	3. Mailing Office Address
4 N Eustis St	119 N Center St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	1
City & State	City & State
Eustis FL 32726	Eustis FL 32726
Zip: 32726 / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 4-14-1999

5. FEI Number: 59-3573514 ☐ 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: Fed Audain

Street Address (P.O. Box Number is Not Acceptable): 4 N Eustis St

Suite, Apt. #, Etc.:

000028592929
02/09/04--01012--002 **458.75

City: Eustis | State: FL | Zip Code: 32726

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: Fed Audain — REGISTERED AGENT MUST SIGN — Date: 2/3/04

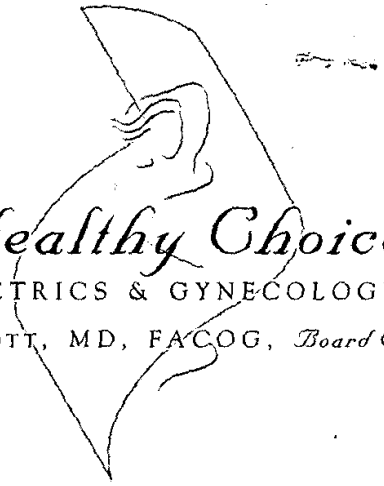
CR2E061 (01/04)

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
VP	Fed Audain	19214 Saltsdale Rd	Umatilla FL 32784
DPS	Wendy Perrott	19214 Saltsdale Rd	Umatilla FL 32784

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: Fed Audain – Vice President — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 2/3/04 — Daytime Phone #: 352 483-3730



Healthy Choice

OBSTRETRICS & GYNECOLOGY, PA

WENDY S. PERROTT, MD, FACOG, *Board Certified* OB/GYN

Re: P99000034685
Healthy Choice Obstetrics and Gynecology, PA.

Dear Sirs

Upon requesting a business line of credit recently, the banker informed us that the corp was inactive. We then realized that this anual form was not recieved for a while and proceeded to check the website as suggested by the banker. We then realized that there was a data entry eror by the Dept of State. see last copy of 2001. We have completed the reinstatement form, and further request that assoated fee is waived due to error. and have included our correct anual fee as reported by clerk via phone call. and request ~~and~~ certificate of status. thanks You.

Fred Ruda
Vice President / Registered agent.

Included fee. 458.75
associated form.

Caring For Women From Adolescence & Beyond

4 NORTH EUSTIS STREET • EUSTIS, FL 32726
352-483-3730 • FAX 352-483-3355