PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 APR 30 PM 3:10

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DOCUMENT # P99000044926

1. Corporation Name

PALM BEACH WELLNESS CENTER, P.A.

Principal Place of Business	Mailing Address
11911 US HIGHWAY ONE SUITE 124 NORTH PALM BEACH FL 33408	11911 US HIGHWAY ONE SUITE 124 NORTH PALM BEACH FL 33408

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 00-01

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
5507 S. Congress Ave	5507 S. Congress Ave.
Suite, Apt. #, etc.: 150	Suite, Apt. #, etc.: 150
City & State: Atlantis, FL	City & State: Atlantis FL
Zip: 33462 Country: Palm Beach	Zip: 33462 Country: Palm Beach

4. Date Incorporated or Qualified To Do Business in Florida: 05/17/1999

5. FEI Number: - Applied For / Not Applicable

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

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSD	Charles S. Theofilos, M.D.	5507 S. Congress Ave. 150	Atlantis, FL 33462
~~D~~	~~GOMEZ, HELDO~~	~~2511 MONACO TERR~~	~~PALM BEACH GARDENS FL 33410~~
~~D~~	~~GOODMAN, STUART~~	~~11952 EDGEWATER DR~~	~~PALM BEACH GARDENS FL 33410~~
~~D~~	~~MAGANA, IGNACIO~~	~~19133 SE JUPITER DR~~	~~JUPITER FL 33458~~
~~D~~	~~RAZACK, NIZAM~~	~~1701 VILLAGE BLVD #102~~	~~WEST PALM BEACH FL 33409~~
~~D~~	~~ROBINSON, JOHN~~	~~173 SOUTH RIVER RD~~	~~STUART FL 34996~~

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
ROYCE, RAYMOND W 625 N FLAGLER DR SUITE 700 WEST PALM BEACH FL 33401	Name: Street Address (P.O. Box Number is Not Acceptable): Suite, Apt. #, Etc.: City: State: FL Zip Code:

CR2E040 (8/00)

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: [signature] Date: 1/12/2001
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.

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SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

561/432-3772
Daytime Phone #