

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 JAN -5 AM 10:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000052498

1. Corporation Name

KENDALL MEDICAL CENTER, INC.

11120 N. KENDALL DRIVE
11120 N. KENDALL DRIVE

2. Principal Office Address

11120 N. KENDALL DRIVE

3. Mailing Office Address

11120 N. KENDALL DRIVE

Suite, Apt. #, etc.

SUITE 100

Suite, Apt. #, etc.

SUITE 201

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33176

Country

USA

Zip

33176

Country

USA

REINSTATEMENT

03-04

4. Date Incorporated or Qualified

To Do Business in Florida 06/10/99

5. FEI Number

65-0926069

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

ROBERT P. RACHLIN

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

11120 N. KENDALL DRIVE

Suite, Apt. #, Etc.

SUITE 201

City

MIAMI

State

FL

Zip Code

33176

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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

Robert P. Rachlin

Date

1/3/05

REGISTERED AGENT MUST SIGN

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
DR	MELVYN SARNOW	11120 N. KENDALL DRIVE, #100	MIAMI, FL 33176
DR	ROBERT P. RACHLIN	11120 N. KENDALL DRIVE, #201	MIAMI, FL 33176

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:

Robert P. Rachlin

ROBERT P. RACHLIN

1/3/05

305-270-2040

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)