

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 FEB 16 PM 12:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000056678

1. Corporation Name

MALABAR HEALTH SPECIALISTS, INC.

2. Principal Office Address

910 Malabar Road SE

3. Mailing Office Address

910 Malabar Road SE

Suite, Apt. #, etc.

Suite #1

Suite, Apt. #, etc.

Suite #1

City & State

Palm Bay, FL

City & State

Palm Bay, FL

Zip

32907

Country

USA

Zip

32907

Country

USA

REINSTATEMENT 02-04

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

06/21/1999

5. FEI Number

59-3583940

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

J. Patrick Anderson

Street Address (P.O. Box Number is Not Acceptable)
930 S. Harbor City Boulevard

Suite, Apt. #, Etc.
Suite 505

City

Melbourne

State

FL

Zip Code

32901

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

REGISTERED AGENT MUST SIGN

Date

2/14/05

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
PTD	Ming T. Lai, M.D.	910 Malabar Road	Palm Bay, FL 32907
VSD	Michael J. Ayres, M.D.	910 Malabar Road	Palm Bay, FL 32907

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02/23/05--01007--014 **1200.00

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:

Michael J. Ayres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/05
Date

321-722-0000
Daytime Phone #

MING T. LAI

CR2E081 (01/05)