PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION [redacted]

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

FILED
01 SEP 24 PM 6:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000063600

1. Corporation Name
Southeastern Medical Inc.

2. Principal Office Address	**3.** Mailing Office Address
4410 W. Newberry Rd	4410 W. Newberry Rd
Suite, Apt. #, etc. A-4	Suite, Apt. #, etc. A-4
City & State Gainesville, FL	City & State Gainesville, FL
Zip 32607 Country Alachua	Zip 32607 Country Alachua

05/05/00 90110 013 #150 00-01

4. Date Incorporated or Qualified To Do Business in Florida 7/16/99

5. FEI Number 59-3590651 — 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: Joe McNeill

900004617019--8
-10/01/01--01014--014
****750.00 ****750.00

Street Address (P.O. Box Number is Not Acceptable): 4420 NW 93rd Ave

Suite, Apt. #, Etc.:

City: Gainesville | State: FL | Zip Code: 32653

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: Joe McNeill — REGISTERED AGENT MUST SIGN — Date: 7-27-01

CR2E061 (9/00)

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
Pres	Joe McNeill	4420 NW 93rd Ave	Gainesville, FL 32653
		REINSTATEMENT 00-01	

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: Joe McNeill — Joe McNeill — 7-27-01 — (352) 376-7394
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #