PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 JAN -3 PM 3:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000078750

REINSTATEMENT 02-04

1. Corporation Name
Westside Medical Associates, PA.

2. Principal Office Address	3. Mailing Office Address
301 NW 84th Ave	301 NW 84th Ave
Suite, Apt. #, etc.: Suite 201	Suite, Apt. #, etc.: Suite 201
City & State: Plantation, Fl	City & State: Plantation, Fl
Zip: 33324 Country: USA	Zip: 33324 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 9/2/1999

5. FEI Number: 65-0945681 ☐ 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: Malcolm M. Mayor

Street Address (P.O. Box Number is Not Acceptable): 1740 NW 94th Ave

200043800672
01/03/05--01029--013 **1058.75

Suite, Apt. #, Etc.:

City: Plantation | State: FL | Zip Code: 33322

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 _____ Date 12/28/2004
REGISTERED AGENT MUST SIGN

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
PD	Malcolm M. Mayor	1740 NW 94th Ave	Plantation Fl 33322
VD	Sheetu Ghosh-Mayor	1740 NW 94th Ave	Plantation, Fl 33322

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: _____ Malcolm Mayor 12/28/2004 (954) 474-3010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #