

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 NOV -7 PM 1:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100008874051
11/07/02--01075--008 **308.75

CORPORATION
RESTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000079510

1. Corporation Name

AMADIS MEDICAL GROUP, INC.

2. Principal Office Address

1987 NW 88TH COURT

Suite, Apt. #, etc.

201

City & State

MIAMI, FL

Zip

33172

Country

3. Mailing Office Address

1987 NW 88TH COURT

Suite, Apt. #, etc.

201

City & State

MIAMI, FL

Zip

33172

Country

4. Date Incorporated or Qualified
To Do Business in Florida

9-1-1999

5. FEI Number

65-0945905

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

SUNMED, INC.

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

1987 NW 88TH COURT

Suite, Apt. #, Etc.

201

City

MIAMI

State

FL

Zip Code

33172

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

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
D	TIRADO, ALEXANDER	1987 NW 88 TH COURT SUITE 201	MIAMI, FL 33172
D	MARTIN, MICHAEL J. MD	1987 NW 88 TH COURT SUITE 201	MIAMI, FL 33172
D	BLAKE, DWIGHT MD	1987 N.W. 88 TH COURT SUITE 201	MIAMI, FL 33172

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

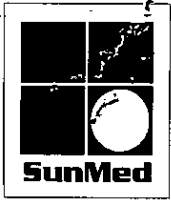
10-9-02

Date

305-436-9300

Daytime Phone #

CR2E081 (9/01)



10/09/02

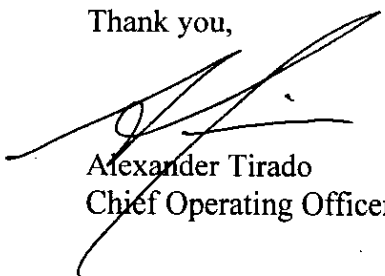
Department of State
Division of Corporations
409 East Gaines St.
Tallahassee, FL 32399

Re: FEI 65-0945905

This letter is a request to reinstate AMADIS MEDICAL GROUP, INC., we are including the fee of \$150.00 plus the \$8.75 for the Certificate of Status. We are only sending the \$150.00 due to the fact that we never received the UBR report. The UBR report has the incorrect address. It should be 88th Court not 87th Court.

Please adjust your records accordingly.

Thank you,



Alexander Tirado
Chief Operating Officer

SunMed, Inc.

1987 N.W. 88th Court • Suite 201 • Miami, FL 33172-2699 • Tel (305) 436-9300 • Fax (305) 406-2986