



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P99000081843			
1. Corporation Name INPATIENT CARE, INC.			
2. Principal Office Address 1987 N.W. 88th COURT Suite, Apt. #, etc. 201 City & State MIAMI, FL Zip 33172 Country		3. Mailing Office Address 1987 N.W. 88th COURT Suite, Apt. #, etc. 201 City & State MIAMI, FL Zip 33172 Country	
4. Date Incorporated or Qualified To Do Business in Florida 9-7-1999		5. FEI Number 65-0948190 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status			
7. Name and Address of Current Registered Agent			
Name ALEXANDER TIRADO 5000004694935			
Street Address (P.O. Box Number is Not Acceptable) 1987 N.W. 88th COURT -11/27/01--01036-016			
Suite, Apt. #, Etc. 201 ***150.00 *** 50.00			
City MIAMI		State FL	Zip Code 33175
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 10-30-01	
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
TREA	ALEXANDER TIRADO	1987 NW 88th COURT	MIAMI, FL 33172
CEO	MICHAEL J. MARTIN, MD	1987 N.W. 88th COURT	MIAMI, FL 33172
PRES	TOMAS VILLANUEVA, DO	1987 N.W. 88th COURT	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: 		ALEXANDER TIRADO 10/30/01 305-436-9300	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 31 PM 1:27

CR2001 (8/00)



INPATIENT CARE, INC.

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Corporation Reinstatement

Enclosed please find the Reinstatement Form and a check for \$150.00. We never received the form at our address.

Sincerely,

Marvin Chavez
Controller
Inpatient Care, Inc.
FEI # 65-0948190