

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

APPROVED AND FILED

00 OCT 27 AM 8:19

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P99000093062

1. Corporation Name

SOUTHWEST BROWARD MEDICAL, INC.

Principal Place of Business

18135 NW 15TH COURT PEMBROKE PINES FL 33029

Mailing Address

18135 NW 15TH COURT PEMBROKE PINES FL 33029



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

07/10/1999

5. FEI Number

65-0958592

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Includes entries for DIAZ, JORGE and DIAZ, YAQUELIN.

REINSTATEMENT

Handwritten signature

8. Name and Address of Current Registered Agent

DIAZ, GEORGE 1597 NW 168TH AVENUE PEMBROKE PINES FL 33156

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Handwritten signature of registered agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10-25-00

11. 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

Handwritten signature

Date

Daytime Phone #

10-2500 9544361131

CR2ED40 (8/00)