PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 DEC 23 PM 1:40

DOCUMENT # P99000104938

1. Corporation Name

James E. Lemire, M.D., P.A.

REINSTATEMENT 03

2. Principal Office Address	**3.** Mailing Office Address
0199 W. Gulf to Lake Hwy	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Crystal River, FL	City & State
Zip: 34429-2679 Country: Citrus	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 12/3/99

5. FEI Number: 593616510 — 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: James E. Lemire

Street Address (P.O. Box Number is Not Acceptable): 0199 W. Gulf to Lake Hwy.

Suite, Apt. #, Etc.:

City: Crystal River State: FL Zip Code: 34429-2679

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: 11/12/03

REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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	James E. Lemire	995 N. Lafayette Way	Inverness, FL 34453
V.P	Barbara Lemire	995 N. Lafayette Way	Inverness, FL 34453
Sec	Michelle Hayes	9344 S. Spoonbill Ave	Homosassa, FL 34446
Treas	Richard A. Pate	1150 N. Fresno Ave.	Hernando, FL 34442

300250015 FEI
12/23/03

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: _____ MD 11/12/03 352 5635530

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #