PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

1. Corporation Name

ROBERTO RODRIGUEZ, M.D., P.A.

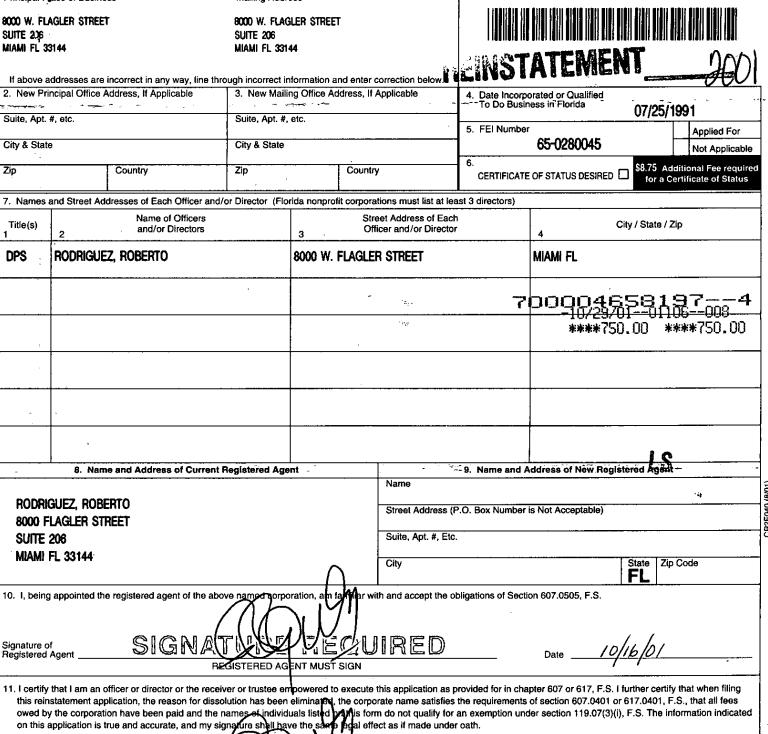
Principal Place of Business

Mailing Address

FILED

01 OCT 18 AM 9: 11

SECRETARY OF STATE TALLAHASSEE, FEORIDA



SIGNATURE:

10/16/01 (305)262-2300