


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		<div style="font-size: 2em; font-weight: bold; letter-spacing: 0.5em;">FILED</div> <div style="font-size: 1.2em;">97 MAR 24 AM 11:29</div> SECRETARY OF STATE TALLAHASSEE FLORIDA	
DOCUMENT # S92927 1. Corporation Name JBS MEDICAL ASSOCIATES, INC.				<div style="font-size: 2em; font-weight: bold;">REINSTATEMENT</div> <div style="font-size: 1.5em; font-weight: bold;">93-97</div>	
Principal Place of Business Mailing Address 20365 Monteverdi Circle Boca Raton, Florida 33498					
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable 20365 Monteverdi Circle Suite, Apt. #, etc. City & State Boca Raton, FL Zip Country 33498 USA		3. New Mailing Address, If Applicable 20365 Monteverdi Circle Suite, Apt. #, etc. City & State Boca Raton FL Zip Country 33498 USA		4. Date Incorporated or Qualified To Do Business in Florida November 8, 1991 5. FEI Number 65-0294147 CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	
\$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)					
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip		
D/P/T	MARC I. SCHLOSSER	20365 Monteverdi Circle	Boca Raton, FL 33498		
D/V/S	GERALD SCHLOSSER	20365 Monteverdi Circle	Boca Raton, FL 33498		
				9000002123259--1 -03/25/97--01083--D18 ***1418.75 ***1418.75	
8. Name and Address of Current Registered Agent					
9. Name and Address of New Registered Agent					
Name Ronald J. Klein, Esquire Street Address (P.O. Box Number is Not Acceptable) 301 Yamato Road Suite, Apt. #, Etc. Suite 4150 City State Zip Code Boca Raton FL 33431					
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 <i>Ronald J. Klein</i> Date <i>March 21, 1997</i> REGISTERED AGENT MUST SIGN					
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)					
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: <i>Gerald Schlosser</i> GERALD SCHLOSSER 3/21/97 (561) 994-4499 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

CR25040 (12/95)