


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION 1997-2001 UBR				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 1. Corporation Name		V47254			
NORTH PINELLAS ORTHOPAEDIC SURGERY & SPORTS MEDICINE, P.A.					
2. Principal Office Address 3251 McMullen Booth Rd. Suite, Apt. #, etc. 102 City & State Clearwater, Florida Zip 33761			3. Mailing Office Address 3251 McMullen Booth Rd. Suite, Apt. #, etc. 102 City & State Clearwater, Florida Zip 33761		
Country Pinellas			Country Pinellas		


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7. Name and Address of Current Registered Agent	
Name	MARK TORKE M.D.
Street Address (P.O. Box Number is Not Acceptable)	3251 McMullen Booth Rd
Suite, Apt. #, Etc.	Ste 102
City	Clearwater
State	FL
Zip Code	33761

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-03/08/01--0109--002
***765.00 ***765.00


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 2/6/2001

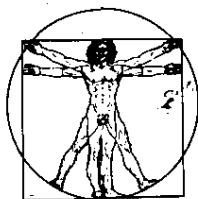
REGISTERED AGENT MUST SIGN

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
	PRES. Mark Torke	Suite 102 3251 McMullen Booth Rd.	Clearwater, FL 33761

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:  2/6/2001 (927) 724-3985

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



**North Pinellas
Orthopaedic Surgery
and
Sports Medicine, P.A.**

Mark D. Torke, M.D.
Board Certified, Member of
American Academy Orthopaedic Surgeons

Mease Professional Center South
3251 McMullen Booth Rd.
Clearwater, FL 33761
(727) 724-3985 Office
(727) 726-7553 Fax

October 3, 2000

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

RE: North Pinellas Orthopaedic Surgery and Sports Medicine
FEIN: 59-3130851
FORM: Corporation Reinstatement

Dear Sir or Madam:

In reference to the above mentioned entity, please be aware that we never received any forms for annual filing or notification that the corporation would be dissolved.

\$765.00

Please accept our check in the amount of ~~\$615.00~~ as payment and waive any late fees since no forms were ever received from you.

Thank you for your assistance in this matter.

Sincerely,

Mark Torke