

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 AUG 21 AM 10:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P 00000017072

1. Corporation Name  
PALM MEDICAL OF SOUTH FLORIDA, P.A.

2. Principal Office Address  
2240 Woolbright Rd.

3. Mailing Office Address  
same

Suite, Apt. #, etc.  
Ste. 346

Suite, Apt. #, etc.  
same

City & State  
Boynton Beach, FL

City & State  
same

Zip Country  
33426 USA

Zip Country

REINSTATEMENT 02-03

400022078724  
08/05/03--01066--030 \*\*750.00

4. Date Incorporated or Qualified  
To Do Business in Florida 2/16/2000

5. FEI Number Applied For  
651062975 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  
Dr. Stuart Lewis

Street Address (P.O. Box Number is Not Acceptable)  
2240 Woolbright Rd.

Suite, Apt. #, Etc.  
Ste. 346

City  
Boynton Beach

State Zip Code  
FL 33426

400032078724  
08/28/03--01003--003 \*\*150.00

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

*Richard Lewis*

REGISTERED AGENT MUST SIGN

Date

7/25/03

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.	Stuart Lewis	2240 Woolbright Rd., #346	Boynton Beach, FL 33426
VP	Phylis E. Lewis	796 Stephen Rd.	Warminster PA 18974

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Stuart Lewis*

7/25/03

Date

561-364-5600

Daytime Phone #

CRZE081 (1/0/02)