

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P95000028026**

1. Corporation Name

FACULTY PRACTICE SERVICES (FLA.) INC.

FILED

03 MAR 28 AM 10:41

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business

3131 SOUTH DIXIE DR.
 SUITE Y21
 DAYTON OH 45439
 US

Mailing Address

3131 SOUTH DIXIE DR.
 SUITE Y21
 DAYTON OH 45439
 US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.



800009639858
 12/23/02--01059--028 **758.75

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

04/05/1995

5. FEI Number

65-0574855

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	REITER, BARRY S	ONE BANKSVILLE ROAD	ARMONK NY 10504
BARBARA JOLEWITZ	BARBARA JOLEWITZ	BARBARA JOLEWITZ	BARBARA JOLEWITZ
			800009639858 03/28/03--01054--024 **150.00
REINSTATEMENT 02-03 TS			

8. Name and Address of Current Registered Agent

QUAREQUID
 QUAREQUID, MICHAEL
 500 SOUTHEAST 6TH STREET
 SUITE 100
 FORT LAUDERDALE FL 33301

9. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City State Zip Code
 FL

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. or 617.0505, F.S.

Signature of Registered Agent

[Signature]
SIGNATURE REQUIRED
 REGISTERED AGENT MUST SIGN

Date

3/15/03

11. 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]
SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/15/02 917 335-6449

Daytime Phone #

CR2E040 (8/02)