

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED AND FILED

05 JUN 17 AM 11:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** 548901

1. Corporation Name  
Robert G. Ouellette, M.D., P.A.

2. Principal Office Address  
800 W. Plymouth Avenue

3. Mailing Office Address  
800 W. Plymouth Avenue

Suite, Apt. #, etc.

City & State  
DeLand, FL

Zip Country  
32720-0271 US

**REINSTATEMENT** @ 03-05

5/26/05 01064 004 \$1050.00

4. Date Incorporated or Qualified To Do Business in Florida 11/01/1977

5. FEEL Number 591783270 Applied For 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

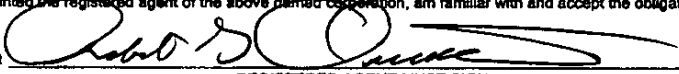
Name Robert G. Ouellette

Street Address (P.O. Box Number is Not Acceptable)  
800 W. Plymouth Avenue

Suite, Apt. #, Etc.

City DeLand State FL Zip Code 32720-0271

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 6-14-05

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
D/P	Robert G. Ouellette, M.D.	800 W. Plymouth Avenue	DeLand, FL 32720-0271

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:  Robert G. Ouellette, M.D. Date 6-14-05 Daytime Phone # 386-736-7404

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2001 (01/05)