PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 NOV -8 PM 2:09

DOCUMENT # 604728

1. Corporation Name

FREDERICK W. MCLEAN M.D., P.A.

Principal Place of Business	Mailing Address
6420 NW 9TH BLVD GAINESVILLE FL 32605	6420 NW 9TH BLVD GAINESVILLE FL 32605

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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 09/27/1973

5. FEI Number: 59-1489405 ☐ 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
PD	MCLEAN, F.W., DR	6420 NW 9TH BLVD.	GAINESVILLE FL

900003053819--5
-11/23/99--01067--004
****150.00 ****150.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
MCLEAN, FREDERICK W. M.D. 6420 NW 9TH BLVD GAINESVILLE FL 32605	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (8/99)

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: F W M K — Date: 4 Nov '99

REGISTERED AGENT MUST SIGN

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: F W M K — 4 Nov '99 — AD

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

0006459 AF

PIERCE, DEEGAN & HODGIN
PROFESSIONAL ASSOCIATION
CERTIFIED PUBLIC ACCOUNTANTS
4001 WEST NEWBERRY ROAD
BUILDING A, SUITE IV
GAINESVILLE, FLORIDA 32607
(352) 375-7739
FAX (352) 375-6637

October 22, 1999

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

To whom it may concern:

Enclosed is the Notice of Administrative Resolution of Revocation for FREDERICK W. MCLEAN M.D.,P.A., FEI number 59-1489405. The Corporation has no record of receiving a First Notice or Second Notice requesting a filing for an Annual Corporate Report.

We have enclosed a check for $150.00 to cover the cost of the annual filing and request that this be accepted as timely payment. Further, we ask that a Corporation Annual Filing Report for 1999 be sent to the Corporation. It will be completed when received and filed immediately with your office.

Your assistance in this matter is greatly appreciated and should you require additional information please contact us.

Sincerely yours,

Carl T. Deegan

Pierce, Deegan & Hodgin
Professional Association
Certified Public Accountants

PDH:pdh
Enclosures