マー・型 FASE BEAD	ALL INST	BUCTION	IS BEFORE C	OMPLETI	NG THIS F	OBM."	ere	
APPLICATION APPLICATION FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS				APPROVEU AND FILED				
DOCUMENT # 769127				98 DEC 17 PM 1:13				
1. Corporation Name Northside Medical Park, Inc.				SECRETARY OF STATE FALLAHASSEE, FLORIDA				
Principal Place of Business Mailing Address				_	يس رسس رسس وسم وسمو	-		
740 West Plymouth Avenue 740 West Plymouth Ave DeLand, Florida 32720 DeLand, Florida 32720					-12/2	2 7239: 8/98—0113 122.50 **	37001	
If above addresses are incorrect in any way, line through Incorrect information and enter correction bel 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable				4. Date incorporated or Qualified To Do Business in Florida 6/27/83				
Suite, Apt. #, etc.								
City & State	e City & State			5. FEI Number 5.9 - 250			Applied For Not Applicable	
Zip Country	Zip	Co	untry	6. CERTIFICATE	OF STATUS DESIRE	S8.75 Addit	ional Fee required ificate of Status	
7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors)								
Title(s) and/or Directors Of		Street Address of Each Officer and/or Director T Use Post Office Box N		4	City / State / Zip			
DVP Richard H. Huster	, M.D.	740 Wes	t Plymouth	Avenue	DeLand,	Florida	32720	
DP Taylor W. Griffin M.D.	, Jr.,	740 Wes	t Plymouth	Avenue	DeLand,	Florida	32720	
D Royce E. Hood, Jr	., M.D.	740 Wes	t Plymouth	Avenue	DeLand,	Florida	32720	
ST Lyle E. Wadsworth	, M.D.	740 Wes	t Plymouth	Avenue	DeLand,	Florida	32720	
	- !			^	_			
			· ·	18	2/2/			
8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent								
m1				. Hood, Jr.				
740 West Plymouth Avenue			740 Wes	Street Address (P.O. Box Number is Not Acceptable) 740 West Plymouth Avenue Suite. Apt. #, Etc.				
City DeLand State Zip Code FL 32720								
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 Poyce E. Hood, Jaggistered Agent MUST SIGN Date								
Royce E. Hood, JEGISTERED/AGENT MUST SIGN 11. Does this corporation pay any intangible fax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes X No Continuous on intangible tax.)								
12. 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 Date Daytime Phone #								
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR MRECTOR ROYCE E. HOOd, Jr., Vice President and Director								



P. O. BOX 2346 ORLANDO, FLORIDA 32802-2346 WRITER'S EMAIL ADDRESS LSMITH@DEANMEAD.COM 800 NORTH MAGNOLIA AVENUE SUITE 1500 ORLANDO, FLORIDA 32803

(407) 841-1200 FAX (407) 423-1831 WRITER'S DIRECT DIAL (407) 428-5109 WRITER'S DIRECT FAX (407) 423-7107

December 15, 1998

PERSONAL AND CONFIDENTIAL

Florida Department of State Division of Corporations Post Office Box 6327 Tallahassee, Florida 32314

Re: Northside Medical Park, Inc.

Dear Sir or Madam:

Please find enclosed an **Application for Reinstatement** for the above non-profit corporation, which was administratively dissolved on September 26, 1997 for failure to file the 1997 Annual Report. Also enclosed is our firm **check for \$122.50** to cover the 1997 and 1998 Annual Report and Supplemental Fees. Since this corporation did not receive the 1997 or the 1998 Annual Report form or notification that the filing was due, we are requesting that the reinstatement fee be waived.

Please call if you have any questions. Thank you for your assistance.

Sincerely,

Linda Smith, Legal Assistant to

Robert W. Mead, Jr.

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Enclosures

cc: Ms. Paige L. Adams

Thomas A. Thomas, C.P.A.