PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2021 JUN -8 PM 1:32
SECRETARY OF STATE
TALLAHASSEE, FL

DOCUMENT # 770806

Corporation Name

MID-FLORIDA MEDICAL SERVICES, INC

2. Principal Office Address - No P.O. Box #
200 Avenue F, NE
Suite, Apt. #, etc.
City & State
Winter Haven
Zip
33881
Country
US

3. Mailing Office Address
200 Avenue F, NE
Suite, Apt. #, etc.
City & State
Winter Haven
Zip
33881
Country
US

4. Date Incorporated or Qualified To Do Business in Florida: 10/17/1983

5. FEI Number
59-2486580
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: Todd Dantzler

Street Address (P.O. Box Number is Not Acceptable)
230 West Central Avenue
Suite, Apt. #, Etc.
City: Winter Haven
State: FL
Zip Code: 33880

8. Having accepted 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 _____
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
Chair	TODD DANTZLER	230 West Central Avenue	Winter Haven, Florida 33880
Vice Chair	CHIP TUCKER	3545 Lake Alfred Road	Winter Haven, Florida 33881
Secretary	CHARLES MCPHERSON	200 Avenue F, NE	Winter Haven, Florida 33881
Treasurer	RICHARD STRAUGHN	255 Magnolia Avenue	Winter Haven, Florida 33880

16-21

dcc 6/10/21

10. E-mail Address: Stephen.Nierman@baycare.org
(To be used for future annual report notification)

11. I certify that I am an officer or director of the reciever 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 (if any) has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify that the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath; I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

SIGNATURE: _____ Todd Dantzler 6-7-21 863-292-4345
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
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DOCUMENT #

(MD FLORIDA MEDICAL SERVICES, INC

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10/17/1983

59-2486580

$8.75 Additional Fee required for a Certificate of Status

Name and Address of Current Registered Agent:

Todd Dantzler

230 West Central Avenue

Winter Haven

FL 33880

Date 6-3-21

Chair	TODD DANTZLER	230 West Central Avenue	Winter Haven, Florida 33880
Vice Chair	CHIP TUCKER	3545 Lake Alfred Road	Winter Haven, Florida 33881
Secretary	CHARLES MCPHERSON	200 Avenue F NE	Winter Haven, Florida 33881
Treasurer	RICHARD STRAUGHN	255 Magnolia Avenue	Winter Haven, Florida 33880

E-mail Address: Stephen.Nierman@bayarea.org

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Todd Dantzler

6-3-21
Date

863-292-4315

Florida Department of State
Division of Corporations
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CORPORATION REINSTATEMENT
MID-FLORIDA MEDICAL SERVICES, INC.

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