

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 MAR -1 AM 8:37

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # PO2000035648
1. Corporation Name
Zannis Family Medical Center

REINSTATEMENT 02-04

2. Principal Office Address <u>1500 N. University Drive</u>		3. Mailing Office Address <u>Two South University Dr.</u>	
Suite, Apt. #, etc. <u>Suite # 112</u>		Suite, Apt. #, etc. <u>Suite # 215</u>	
City & State <u>Coral Springs, FL</u>		City & State <u>Plantation, FL</u>	
Zip <u>33071</u>	Country <u>US</u>	Zip <u>33324</u>	Country <u>US</u>

100028544371
02/11/04--01016--006 **150.00

4. Date Incorporated or Qualified To Do Business in Florida <u>04/02 2002</u>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. FEI Number <u>04-3648281</u>		
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status		

7. Name and Address of Current Registered Agent

Name Brian Lynn, C.P.A., P.A.

Street Address (P.O. Box Number is Not Acceptable)
Two South University Drive

Suite, Apt. #, Etc.
Suite # 215

City Plantation State FL Zip Code 33324

100028544371
03/03/04--01040--003 **300.00

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 Brian Date 1/30/04
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
<u>D- Pres</u>	<u>Jason M. Zannis</u>	<u>1627 NE 17th Ave</u>	<u>Ft. Lauderdale, FL 33305</u>

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)(f), 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: Jason M. Zannis Date 1/24/04 Daytime Phone # 954-346-3120
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (10/02)



**WALK-IN TO
WELLNESS**

Jason M. Zannis, D.O.

1500 N. University Drive • Suite 112 • Coral Springs, FL 33071

Phone: (954) 346-3120 • Fax: (954) 346-3533

January 23, 2004

Florida Department of State
Division of corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Reinstatement abatement for \$750 penalty

Dear Gentlemen,

Attached is the corporation reinstatement form along with a payment of \$150. Please
except this payment and abate the \$750 reinstatement penalty for the following reasons:

- 1) This is the first annual report for this corporation.
- 2) We never received the form stating that the annual report was due.
- 3) All documents, when received, are date stamped and filed for payment.
- 4) To prevent this quandary from reoccurring I have made our CPA the
Registered Agent and are using his address for the receipt of future Annual
Reports.

I appreciate your consideration in this matter.

Sincerely,

Jason M. Zannis, D.O.

Cc: On file