

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 NOV 26 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000063260

1. Corporation Name

CLINICAL ASSOCIATES OF THE PALM BEACHES P.A.

Principal Place of Business

Mailing Address

1920 PALM BEACH LAKES BLVD.
WEST PALM BEACH FL 33409

1920 PALM BEACH LAKES BLVD.
WEST PALM BEACH FL 33409

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.

#102

#102

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

03



900024492149

11/07/03--01001--015 **61.25

4. Date Incorporated or Qualified
To Do Business in Florida

06/07/2002

5. FEI Number

27-0013116

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	SCHOLLE, JANET	1920 PALM BEACH LAKES BLVD. #102	WEST PALM BEACH FL 33409

900024492149
12/04/03--01034--004 **88.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SCHOLLE, JANET L
1920 PALM BEACH LAKES BLVD.
WEST PALM BEACH FL 33409

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

Janet L. Scholle

REGISTERED AGENT MUST SIGN

Date 10/7/03

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:

Janet L. Scholle
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/7/03

Daytime Phone #

CR2E040 (7/03)

**Clinical Associates of the Palm Beaches
1920 Palm Beach Lakes Blvd. #102
West Palm Beach, Florida 33409**

Janet L. Scholle M.D.

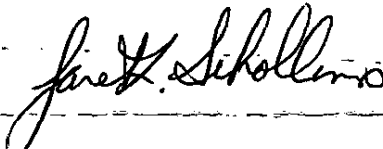
October 28, 2003

~~Dear Sirs:~~

I did not receive any annual report/uniform business report form. Please do not dissolve my corporation. I will be happy to complete any forms as needed.

If you have any further questions please do not hesitate to contact me.

Sincerely,

A handwritten signature in cursive script, appearing to read "Janet L. Scholle", written over a horizontal line.

Janet L. Scholle M.D.