


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 APR 13 AM 10:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P92000014298

1. Corporation Name
F. Leigh Phillips, III, M.D., P.A.

2. Principal Office Address <u>2855 UNIVERSITY DR.</u>		3. Mailing Office Address <u>2855 UNIVERSITY DR.</u>	
Suite, Apt. # etc. <u>400</u>		Suite, Apt. # etc. <u>400</u>	
City & State <u>Coral Springs, FL</u>		City & State <u>Coral Springs, FL</u>	
Zip <u>33065</u>	Country <u>USA</u>	Zip <u>33065</u>	Country <u>USA</u>

REINSTATEMENT 03-04

4. Date Incorporated or Qualified To Do Business in Florida 12/21/92

5. FEI Number 650374602

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name F. Leigh Phillips, III, M.D., P.A.

Street Address (P.O. Box Number is Not Acceptable)
2855 UNIVERSITY DR.

Suite, Apt. #, Etc. 400

City Coral Springs

State FL Zip Code 33065

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 [Signature] Date 4-7-04

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</u>	<u>F. Leigh Phillips, III</u>	<u>2855 UNIVERSITY DR., Suite # 400</u>	<u>Coral Springs, FL 33065</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: [Signature] Date 4-7-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2881 (9/00)

04/13/04 01081-005 **300.00



F. Leigh Phillips, M.D., F.A.C.S., P.A. Plastic & Cosmetic Surgery

April 6, 2004

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

To Whom It May Concern:

Re: Corporation Name: F. Leigh Phillips, III, M.D., P.A.
Document # P92000014298
FEI # 650374602

This letter is to inform you that I never received the "2003" Annual Business Report.

Enclosed, please find the corporation reinstatement form and a check in the amount of \$300 (payment for 2003 and 2004). Please waive all late fees.

Thank you for your consideration in this matter.

Sincerely,

F. Leigh Phillips, III, M.D.

FLP/ik



Board Certified by the American Society of Plastic and Reconstructive Surgeons

The Merrill Lynch Tower, 2855 University Drive, Suite 400, Coral Springs, Florida 33065
Sample Medical Promenade, 601 East Sample Road, Suite 105, Pompano Beach, Florida 33064
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