

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

DOCUMENT # P95000084565

00 DEC 18 AM 10: 53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name

EMERALD COAST MEDICAL CLINIC, INC.

Principal Place of Business

Mailing Address

12272 HIGHWAY 98 WEST
DESTIN FL 32541
US

12272 HIGHWAY 98 WEST
DESTIN FL 32541
US



REINSTATEMENT

JD

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		11/02/1995 SP	
City & State		City & State		5. FEI Number	
Zip		Country		59-3346460	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	ABERNATHY, WILLIAM M M.D.	12272 HIGHWAY 98 WEST	DESTIN FL
D	BANKS, GARRY G M.D.	12272 HIGHWAY 98 WEST	DESTIN FL
D	HANEY, W. MICHAEL M.D.	12272 HIGHWAY 98 WEST	DESTIN FL
D	KATZENSTEIN, MARK J M.D.	12272 HIGHWAY 98 WEST	DESTIN FL
D	MALAMOS, NICKOLAOS C M.D.	12272 HIGHWAY 98 WEST	DESTIN FL
D	SHALIT, JOSEPH M.D.	12272 HIGHWAY 98 WEST	DESTIN FL

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
FOSTER, WILLIAM SCOTT 909 MAR WALT DRIVE SUITE 1014 FORT WALTON BEACH FL 32547		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	
		State	Zip Code
		FL	

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: *[Signature]* **SIGNATURE REQUIRED** Date: *12/11/2000*

REGISTERED AGENT MUST SIGN

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/7/00 850-678-7676
Date Daytime Phone #

CR2EC040 (8/00)