

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **158840**

1. Corporation Name **OVIEDO Pediatrics, PA**

97 SEP 26 AM 9:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**53 Alafaya woods Blvd
OVIEDO, Fla 32765**

Mailing Address
**W9721445
SAME**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
**2959 Alafaya TRAIL
Suite, Apt. #, etc.
Ste 101**

3. New Mailing Office Address, If Applicable
Same

4. Date Incorporated or Qualified To Do Business in Florida
8/17/1992

City & State
OVIEDO Fla

City & State

5. FEI Number
593139003

Applied For
Not Applicable

Zip
32765

Country
Seminole

Zip Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
President	Maria L. Miller	3898 Golden meadow CT	OVIEDO, Fla 32765
Secretary	Judy Headlee	5560 S.E. 42nd CT	Ocala, Fla 34480

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-09/29/97-01150-009
***915.00 ***915.00

JB
9/20/97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Judy Headlee
5560 SE. 42nd Court
Ocala, Fla 34480

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.

Signature of Registered Agent **Judy A Headlee**
REGISTERED AGENT MUST SIGN

Date **Sept 11, 1997**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

(See other side for information on intangible tax.)

12. 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)(j), 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]**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **9/18/97** (407) 3663321
Daytime Phone #

CR2E040 (12/96)