

PLEASE READ ALL INSTRUCTIONS BEFORE CO

APPLICATION
FOR
REINSTATEMENT



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

FILED
Nov 01 1999 8:00 am
Secretary of State

DOCUMENT # **P94000065250**

1. Corporation Name

SENTINEL MEDICAL SERVICES, INC.

Principal Place of Business

Mailing Address

710 YORKTOWN DR
LEESBURG FL 34748

710 YORKTOWN DR
LEESBURG FL 34748

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

REINSTATEMENT 99

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

09/02/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3277839

Applied For

Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED \$6.75 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
PST	SCHLEIN, EDWARD M M.D.	710 YORKTOWN DR	LEESBURG FL 34748

500003032955--6
-11/02/99--01090--012
****750.00 ****750.00

LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SCHLEIN, EDWARD M M.D.
710 YORKTOWN DR
LEESBURG FL 34748

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

Edward M. Schlein

REGISTERED AGENT MUST SIGN

Date 10/21/99

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: *Edward M. Schlein*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10/21/99 352 326 5929
Date Daytime Phone #

EDWARD M. Schlein M.D

CR22040 (8/99)