

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

192

APPLICATION FOR REINSTATEMENT



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

FILED

02 MAY 15 AM 11:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 249883

1. Corporation Name
SCH OF PINELLAS COUNTY, INC.

Principal Place of Business
2025 INDIAN ROCKS RD.
LARGO FL 34649-9025

Mailing Address
P.O. BOX 2025
LARGO FL 34649-9025

REINSTATEMENT 01-02



2001 UBR

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.		09/01/1961	
City & State		City & State		5. FEI Number	
Zip		Country		.59-0954614	
				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
PD	HULLEY, WILLIAM C D.O.	2025 INDIAN ROCKS RD.	LARGO FL
SD	TAYLOR,, J. ERIC, JR D.O.	18 FERNBROOKE DR	SAFETY HARBOR FL 34695

200004697602--1
-11/29/01--01020--002
****420.00 *****61.25

4600085610734--1
-05/27/02--01001--014
1677.50 *838.75

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
HULLEY, WILLIAM C. 2025 INDIAN ROCKS RD. LARGO FL 34644		Name Street Address (P.O. Box Number, if applicable) 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: **SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date: _____

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2ED40 (8/01)