## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## APPLICATION .. FOR



## FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

249883

1. Corporation Name

SCH OF PINELLAS COUNTY, INC.

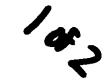
Principal Place of Business

**DOCUMENT #** 

Mailing Address

2025 INDIAN ROCKS RD. LARGO FL 34649-9025

P.O. BOX 2025 LARGO FL 34649-9025 FILED



02 MAY 15 AH 11:06

SECRETARY OF STATE TALLAHASSEE, FLORIDA

REINSTATEMENT 01-02

If above addresses are incorrect in any	wow line through in	mana di tanda a ana atau a ana atau a		20		BR
If above addresses are incorrect in any  2. New Principal Office Address, If Appli		rrect information and enter v Mailing Office Address,		4. Date Incom	porated or Qualified	
Suite, Apt. #, etc.	Suite, /	Suite, Apt. #, etc.		To Do Business in Florida 09/01/1961		
City & State	67.0	City & Charles		5. FEI Numbe		Applied For
City of State		City & State			59-0954614	Not Applicable
Zip Country	Zip	Coun	ntry	CERTIFICATI	E OF STATUS DESIRED   St	3.75 Additional Fee required for a Certificate of Status
7. Names and Street Addresses of Each	Officer and/or Directo	r (Florida nonprofit corpo	prations must list at lea	ast 3 directors)		
Title(s) Name of Officers and/or Directors		S	Street Address of Each		City / State / Zip	
PD HULLEY, WILLIAM C D.O.			2025 INDIAN ROCKS RD.		LARGO FL	
SD TAYLOR,, J. ERIC, JR D.O.		18 FERNBROO	18 FERNBROOKE DR		SAFETY HARBOR FL 34695	
				4 <u>5</u>		75021 -01020002 0 *****61.25 734-1 1001-014 ****828.75
8. Name and Address of Current Registered Agent  Name				Name and Address of New Registered Agent		
HULLEY, WILLIAM C.		•				
2025 INDIAN ROCKS RD.			Street Address (P	O. Box Nunto	00049 9	-011
LARGO FL 34644			Suite, Apt. #, Etc.		***1677.50	<b>1/07</b> 014 *****838.75
	•		City	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	State	Zip Code
10. I, being appointed the registered ager Signature of SIG	NATUR	Corporation, am familiar w		oligations of Section	on 607.0505, F.S. DDDD4697 -05/27/020	

on this application is true and accurate, and my signature chall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR BRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #