	PLEASE READ A	ALL INST	RUCTIONS	BEFORE C	OMPLETI	NG THIS FORM.	
APF	PLICATION (1)	FLOR	DEPARTNE			FILED	(1)
REINS	FOROWS STATEMENT	70	Secretary of S	tate		99 JUH-2 PM 3: I	L; 1
DOCUMENT # 476973					Chukenary of state Ballahassee, florida		
1. Corporat	= = :				· ·	CALLANTA COUNTRACTED	MJA
ERNES	ST P. PALMER, M.D., P.	A .					
Principal Place of Business Mailing							
214 WEST 6 P.O. BOX 4	PALMETTO STREET 28	214 WEST PALMETTO STREET P.O. BOX 428					
WAUCHULA	FL 33873	WAUCHULA F	FL 33873		LECT LANC	TATEMENT	-42 age
	ddresses are incorrect in any way, line throncipal Office Address, If Applicable	augh incorrect information and enter correction below. 3. New Mailing Office Address, If Applicable			Date Incorporated or Qualified To De Puriners in Florida		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. FEI Number	05/2	29/1975 Applied For
City & State		City & State			6.	59-1595925	Not Applicable
Zip	Country	Zip	Country	у	_		Additional Fee required a Certificate of Status
7. Names a	and Street Addresses of Each Officer and/ Name of Officers	or Director (Flo	Stre	eet Address of Eacl	h		
Title(s)	and/or Directors 2		Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)			City / State	e , Zip —
P	PALMER, ERNEST M.D.		214 WEST PALMETTO ST.			WAUCHULA FL 33873	
S	PALMER, GAYLE M.		214 WEST PALMETTO ST.			WAUCHULA FL 33873	
					А	00002898	n94n
						-06/08/990 ****300.00)1050001 ****300.00
· -				•	-	****500.00	
		<u>-</u>					
8. Name and Address of Current Registered Agent Name					9. Name and Address of New Registered Agent ভূ		
PALMER, ERNEST Street Address					P.O. Box Number	is Not Acceptable)	CR2E040 (9/98)
214 WEST PALMETTO STREET WAUCHULA FL 33873			Suite, Apl. #, Etc.				
				City		State F L	7 ip Code
1	g appointed the registered agent of the abo	oamed corp	oration am familiar w	ith and accept the d	obligations of Secti	, - -	L-
Signature o Registered	Agent River & River	GISTEREDAG	BENT MUST SIGN			Date	
	nis corporation owes or he angible Personal Proper			ar Yes 🔼] No 🗆		for information pible tax.)
this rein	that I am an officer or director or the recenstatement application, the reason for dissivent the temperature of the temperature	olution has been names of individ	n eliminated, the corpo duals listed on this for	orate name satisfie: rm do not qualify fo	s the requirements r an exemption un	of section 607.0401 or 617.040	01 F.S., that all feats 1/1 []
SIGNA	TURE: SIGNATORE AND TYPED OR PR	NTED NAME OF	SIGNING OFFICER OR	DIRECTOR	e Mi	Dalinet Day	S: 41-773-4186



Telephone 813/778-4186

Ernest P. Palmer, M.B., P.A.

Palmetto Medical Clinic

P.O. Box 428 - 214 West Palmetto Street Wavchula, Florida 83878

Florida Department of State Division of Corporations

P O box 6327 Tallahassee, FL 32314

April 15, 1999,

FEI#: 59-1595925

Ernest P. Palmer, M.D., PA

Dr. Palmers office was closed for several months due to the doctor having cancer and serious surgery. The application was sent with a check before the office closed, upon returning to work the reconciliations were done and the check was never cashed. I got in touch with your office and talked with Linda (?) and she said for me to write letter stating that the application was sent and check never cashed and send to a check in the amount of \$300.00 paying 1998 and 1999 fees. I sent the application and check and it was returned stating I would have to pay \$600.00. I would appreciate if you would reinstate the Inc. and waiving the fee. I talked with Trevor Brumbley this morning and she suggested I write a more detailed letter than before.

Thank you,

Gayle M. Palmer