

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 # **547724**

1. Corporation Name

MED MSI Florida, Inc.

Principal Place of Business

Mailing Address

**152 Lincoln Avenue
Winter Park, Florida
32789**

**152 Lincoln Avenue
Winter Park Florida
32789**

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

2. New Principal Office Address, If Applicable
44 Lake Beauty Drive

Suite, Apt. #, etc.
Suite 300

City & State
Orlando, Florida

Zip Country
32806 Orange

3. New Mailing Office Address, If Applicable
44 Lake Beauty Drive

Suite, Apt. #, etc.
Suite 300

City & State
Orlando, Florida

Zip Country
32806 Orange

4. Date Incorporated or Qualified
To Do Business in Florida

October 1, 1977

5. FEI Number

59-1765742

Applied For

Not Applicable

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)

| Title(s) | Name of Officers and/or Directors | Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | City / State / Zip |
|------------|--------------------------------------|---|-------------------------------|
| 1 | 2 | 3 | 4 |
| P/D | William L. Hutton, M.D. | 7150 Greenville Ave. Suite 114 | Dallas, Texas 75231 |
| V/S | Douglas Tool | 2214 Paddock Way Suite 500 | Grand Prairie, Texas 75050 |
| Asst. S | Richard A. Lowe | 500 Throckmorton St. 1800 Bank One Tower | Fort Worth, Texas 76102 |
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| | | | |

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-10/28/97--01022--009
****758.75 ****758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**Laurence C. Hames
390 North Orange Avenue
Suite 2500
Orlando, Florida 32801**

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

Richard A. Lowe

REGISTERED AGENT MUST SIGN

Date

Oct. 22, 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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard A. Lowe, Assistant Secretary

October 22, 1997

Date

Daytime Phone #

(817) 878-4300

REINSTATEMENT 97

FILED

97 OCT 24 PM 12:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E040 (12/96)