

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

1996-2001

UBR

DOCUMENT #

576984

1. Corporation Name

Jay W. Edelberg, M.D., P.A.

2. Principal Office Address

168 University Blvd., N.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, Florida

City & State

Zip

32211

Country

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

07/01/1978

5. FEI Number

59-1835469

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Lloyd T. Asbury

Street Address (P.O. Box Number is Not Acceptable)

214 N. Clay Street

600003618376-6

Suite, Apt. #, Etc.

02/01/01 01013 005

\*\*\*\*365.00-\*\*\*\*365.00

City

Jacksonville

State

FL

Zip Code

32202

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

Lloyd T. Asbury

REGISTERED AGENT MUST SIGN

Date

1/12/01

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles

Name of  
Officers and/or Directors

Street Address of Each  
Officer and/or Director

City / State / Zip

PD

Jay W. Edelberg

168 University Blvd., N.

Jacksonville, FL 32211

10. 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.

Jay W. Edelberg, M.D.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/16/2001

Daytime Phone #

9046316723

CR2E081 (9/00)

282

**JAY W. EDELBERG, M.D., P.A.**  
**168 University Blvd. N.**  
**Jacksonville, Florida 32211**

January 17, 2001

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

RE: Corporate Reinstatement  
Jay W. Edelberg, M.D., P.A.

Dear Sir or Madam:

Per telephone conference with your office today this letter is to inform you that the annual reports for the above corporation have not been received since 1996 due to errors in the address listed on file with your office

Therefore, please find our check for the following amount to bring the corporation to active status:

\$200.00 for year 1996  
165.00 for year 1997  
150.00 for year 1998  
150.00 for year 1999  
150.00 for year 2000  
150.00 for year 2001

\$965.00 total

Sincerely,

  
Jay W. Edelberg