


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



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

FILED
 01 JUN 19 PM 12:25
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # 597862

1. Corporation Name
JOHN JOSEPH JANICK, M.D., P.A.

2. Principal Office Address 4369 TAMiami TRAIL		3. Mailing Office Address 4369 TAMiami TRAIL	
Suite, Apt. #, etc. SUITE A		Suite, Apt. #, etc. SUITE A	
City & State PORT CHARLOTTE, FL		City & State PORT CHARLOTTE	
Zip 33980	Country USA	Zip 33980	Country USA

4. Date Incorporated or Qualified To Do Business in Florida **12/20/1978**

5. FEI Number **59-1900239** Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
JOHN JOSEPH JANICK, M.D. **400004458584-8**

Street Address (P.O. Box Number is Not Acceptable)
4369 TAMiami TRAIL **07/05/01 01003 025**
*****608.75 ***608.50**

Suite, Apt. #, Etc.
SUITE A

City
PORT CHARLOTTE State **FL** Zip Code **33980**

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 *John J. Janick* Date _____
REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P, S, T	JOHN JOSEPH JANICK, MD	4369-A TAMiami TRAIL	PORT CHARLOTTE, FL 33980
D	JOHN JOSEPH JANICK, MD	4369-A TAMiami TRAIL	PORT CHARLOTTE, FL 33980

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 those states listed on this form do not qualify for an exemption under section 116.07(3)(k), 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: *John J. Janick* **(941) 629-3366**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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JOHN J. JANICK, M.D., P.A.

*Board Certified in Internal Medicine
Specializing in Endocrinology*

John J. Janick, M.D., FACP., FACE., ABFE
4369 Tamiami Trail
Charlotte Harbor, FL 33980

Phone: (941) 629-3366
Fax: (941) 629-6999

June 14, 2001

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

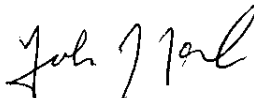
To Whom It May Concern:

Enclosed is our application for reinstatement for the Florida Corporation
John Joseph Janick, M.D., P.A.

We were informed, to our surprise, by our bank this morning that the corporation was listed as dissolved as of 1998. After investigating this by phone with your office we found that the address change which was filed in 1997 (copy enclosed) was never changed in your records. Consequently, our annual form was returned to you. I have enclosed the form and a check for \$608.75 (as instructed by your office this represents \$150.00 for each year ,1998, 1999, 2000, 2001 and 8.75 for a certificate of status).

We are very anxious to correct this error. If you have any questions please contact our office. You may discuss any issues related to this coporation with my Business Manager, Kathy White.

Respectfully,



John J. Janick, M.D.

Enc: 3
cc: file