

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

12 JUN 14 PM 12:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # F06000000463**

1. Corporation Name

**TMF Health Quality Institute**

2. Principal Office Address - No P.O. Box #

**5918 Courtyard Drive**

3. Mailing Office Address

**5918 Courtyard Drive**

Suite, Apt. #, etc.

**Suite # 300**

Suite, Apt. #, etc.

**Suite # 300**

City & State

**Austin/Texas**

City & State

**Austin/Texas**

Zip

**78730**

Country

**USA**

Zip

**78730**

Country

**USA**

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

**52-1002260**

☐ 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

**Jeff Peterson**

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

**532 Riverside Avenue**

Suite, Apt. #, Etc.

**6 Tower/ #293**

City

**Jacksonville**

State

**FL**

Zip Code

**32202**

**600236404636**

**06/14/12--01021--013 \*\*392.50**

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

*[Signature]*

Date **5/22/12**

REGISTERED AGENT MUST SIGN

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
Vice President	<b>Carla Ortique, MD</b>	<b>4950 Heatherglen Drive</b>	<b>Houston, TX 77096</b>
Sect/Treasurer	<b>Robert R. Vallilee</b>	<b>5009 Interlachen Lane</b>	<b>Austin, TX 78747</b>
President	<b>David E. Garza, DO</b>	<b>6801 McPherson, Ste 300</b>	<b>Laredo, TX 78045</b>

**REINSTATEMENT 08-12**

**JUN 14 2012**

**T. SCOTT**

10. E-mail Address: **pamela.hoernis@tmf.org; vida.kontoh@tmf.org**

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5-22-12**

Date

**512-334-1622**

Daytime Phone #

Page 2 of 3



Bridgepoint I, Suite 300  
5918 West Courtyard Drive • Austin, TX 78730-5036  
Phone 512-329-6610 • Fax 512-327-7159 • [www.tmf.org](http://www.tmf.org)

June 13, 2012

Florida Department of State  
Attn: Tyron Scott  
Division of Corporation  
PO Box 6327  
Tallahassee, FL 32314

TO WHOM IT MAY CONCERN

This is to notify you that Pamela L. Hoernis is the Chief Financial Officer of TMF Health Quality Institute.

Ms. Hoernis is also an Officer for TMF Health Quality Institute.

Her contact information is listed below:

**Pamela L. Hoernis, CPA**  
*Chief Financial Officer*  
Direct 512-334-1622  
Cell 512-923-1355  
E-mail [Pam.Hoernis@tmf.org](mailto:Pam.Hoernis@tmf.org)



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Phone 512-329-6610 • Fax 512-327-7159 • [www.tmf.org](http://www.tmf.org)

Thank you and if you have any further questions, please do not hesitate to contact us at the address below.

Sincerely,

  
Vida Kontoh  
Contract Specialist  
Ph: 512-334-1650  
Email: [vida.kontoh@tmf.org](mailto:vida.kontoh@tmf.org)

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*June 13, 2012*  
~~May 18, 2012~~

Florida Department of State  
Attn: Tyron Scott  
Division of Corporation  
PO Box 6327  
Tallahassee, FL 32314

Dear Mr. Scott:

I am writing in reference to my telephone call, requesting to have TMF Health Quality Institute be reinstated.

During our phone conversation, it was noted that TMF was erroneously filed as a for-profit entity during the application and registration process.

TMF is therefore asking that your records be rectified to reflect the correct registration for TMF Health Quality Institute, a non-profit entity. This change will therefore effectively change the reinstatement filing fee of a non-profit entity to \$481.25.

TMF is also writing to request the refund of a balance amount \$88.75 from the May 1<sup>st</sup>, 2007 annual report fee be applied to this reinstatement. Refunding this amount will yet again bring down the reinstatement amount to be \$392.50, which hereby enclosed.

Thank you for your time and attention to this matter and if you have any questions please do not hesitate to contact us. For your convenience, the contact information is set out below.

Sincerely,  
*Vida Kontoh*  
Vida Kontoh  
Contract Specialist  
Ph: 512-334-1650  
Email: [vida.kontoh@tmf.org](mailto:vida.kontoh@tmf.org)

Encl: Check #085150