

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 #

1. Corporation Name

CORRECTIONAL PHYSICIAN SERVICES, INC.

FILED

97 JAN 30 AM 8:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

1787 Sentry Parkway West
Bldg. 16, Suite 210
Blue Bell, PA 19422

1787 Sentry Pkwy W.
Building 16, Ste 210
Blue Bell, PA 19422

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

2. New Principal Office Address, If Applicable

1787 Sentry Pkwy West
Suite, Apt. #, etc.
Bldg 16, Suite 210

City & State
Blue Bell PA

Zip Country
19422 USA

3. New Mailing Office Address, If Applicable

1787 Sentry Pkwy West
Suite, Apt. #, etc.
Bldg 16, Suite 210

City & State
Blue Bell PA

Zip Country
19422 USA

4. Date Incorporated or Qualified
To Do Business in Florida

2/16/93

5. FEI Number

23-2606399

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/D	Umar, Kenan, M.D.	2 Crest Terrace	Norristown PA 19403
V/D/S	Umar, Emre	2 Crest Terrace	Norristown PA 19403
S/D	Troncelliti, Manrico	One Montgomery Plaza, Suite 1000	Norristown PA 19401

REINSTATEMENT 95-97

8. Name and Address of Current Registered Agent

CT Corporation System
1200 Pine Island Road
Plantation FL 33324

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

500002076435--8
-02/04/97-01012-007
***1088.75 ***1088.75

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

Anne Bontiller

REGISTERED AGENT MUST SIGN

Date 1-29-97

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:

K. Umar, M.D. Kenan Umar, M.D.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1.28.1997

Daytime Phone #

215-654-7450

CR2E040 (12/96)