

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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REINSTATEMENT

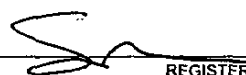
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02/12/04--01023--011 **\$00.00

CORPORATION REINSTATEMENT  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F98833 1. Corporation Name VMD ASSOCIATES, INC	
2. Principal Office Address P.O. BOX 4118 Suite, Apt. #, etc.	3. Mailing Office Address P.O. BOX 4118 Suite, Apt. #, etc.
City & State PENSACOLA, FL	City & State PENSACOLA, FL
Zip 32507	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 09/09/82	
5. FEI Number 59-2223052	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 Shelly Ashley DVM		
Street Address (P.O. Box Number is Not Acceptable) 6448 E. Bay Blvd		
Suite, Apt. #, Etc.		
City PENSACOLA Gulf Breeze	State FL	Zip Code 32563

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  Date **2-4-04**

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
PD	BELCHER, WALLACE R DVM	71 N FAIRFIELD DR	PENSACOLA, FL 32506
VPD	CALLOWAY, SUE DVM	4190 BAUER RD	PENSACOLA, FL 32514
ST	STEWART, JEANNE DVM	10229 CHEMSTRAND RD	PENSACOLA, FL 32514
ST	SHELLY, ASHLEY	6448 E BAY BLVD	Gulf Breeze 32563
PD	HILLMAN, ANDY	2101 N PALAFOX	PENSACOLA, FL 32501
DJ	MORGAN, MICHAEL K DVM	2433 E LANGLEY AVE	PENSACOLA, FL 32504

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.

SIGNATURE:  **Shelly Ashley DVM** Date **2-4-04** Daytime Phone # **850 435-1349**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (10/02)