

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED  
AND  
FILED

05 MAY 23 AM 9:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

NO 500024006

DOCUMENT # G68739

1. Corporation Name

E. DAVID RISCH, M.D., P.A.

2. Principal Office Address  
6500 Crill Avenue  
Palatka, FL 32177

3. Mailing Office Address  
P.O. Box 8065  
Palatka, FL 32178

Suite, Apt. #, etc.

Suite 1

Suite, Apt. #, etc.

None

City & State

Palatka, FL

City & State

Palatka, FL

Zip

32177

Country

Putnam

Zip

32178

Country

Putnam

**REINSTATEMENT**

00-05

4. Date Incorporated or Qualified  
To Do Business in Florida

11-9-83

5. FEI Number  
59-2314263

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

E. David Risch, M.D.

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

6500 Crill Avenue

Suite, Apt. #, Etc.

Suite 1

City

Palatka,

State

FL

Zip Code

32177

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

*[Handwritten Signature]*

REGISTERED AGENT MUST SIGN

Date

10 May 05

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
DR	E. David Risch	6500 Crill Ave, Ste 1	Palatka, FL 32177
P	E. David Risch	5400 Crill Ave., Ste 1	Palatka, FL 32177

500055837405  
06/07/05--01010--011 \*\*1500.00

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.

E. David Risch

SIGNATURE:

*[Handwritten Signature]*

386-328-9686

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/05)