


**CORPORATION**  
  
**FLORIDA DEPARTMENT OF STATE**  
**Katharine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**FILED**  
 00 DEC 27 AM 11:59

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT # H91114**

1. Corporation Name

**ARTHRITIS PAIN TREATMENT CENTER OF  
 CLEARWATER, FLORIDA**

2. Principal Office Address

**712 Grand Central St.**

Suite, Apt. #, etc.

3. Mailing Office Address

**712 Grand Central St.**

Suite, Apt. #, etc.

City & State

**Clearwater, FL**

Zip

**33756**

Country

**Pinellas**

City & State

**Clearwater, FL**

Zip

**33756**

Country

**Pinellas**

4. Date Incorporated or Qualified  
 To Do Business in Florida

**12/20/85**

5. FEI Number

**59-2784276**

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

**Sally M. Marlowe**

**600003890956-4**

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

**2221 Kent Place**

**-03/21/01-01035-017**

**\*\*\*\*150.00 \*\*\*\*150.00**

Suite, Apt. #, Etc.

City

**Clearwater**

State

**FL**

Zip Code

**33519**

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

REGISTERED AGENT MUST SIGN

Date

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

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip   |
|--------|--------------------------------------|---|----------------------|
| P, M   | Sally M. Marlowe                     | 2221 Kent Place                                   | Clearwater, FL-33519 |
|        |                                      |   |                      |
|        |                                      |   |                      |
|        |                                      |   |                      |
|        |                                      |   |                      |
|        |                                      |   |                      |
|        |                                      |   |                      |

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

**Sally M. Marlowe**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**12/21/00**

Daytime Phone #

PAGE 2012

December 20, 2000

Sally M. Marlowe  
Arthritis Pain Treatment Center  
of Clearwater, Florida  
712 Grand Central St.  
Clearwater, FL 33756

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

I am writing this letter as an explanation for why ARTHRITIS PAIN TREATMENT CENTER OF CLEARWATER, FLORIDA (FEI # 59-2784276) did not timely file and pay the Florida CORPORATION ANNUAL REPORT for the year 2000.

It did not come to my attention until recently that my Corporation had not filed it's Annual Report for the year 2000. I believe there are two major reasons for this. For the past several years I had been married to a CPA who's company I was relying on to help with the business's many reporting requirements. We were divorced during 1999 and I was not fully aware of all filing requirements. Also, my business moved to a new location in early 1999. I have been told that your records still show our old address. This would explain why I did not receive your mailings to bring this oversight to my attention.

With a new accountant now in place, I am in position to once again remain in compliance with the filing requirements. I ask for your understanding during what has been a very difficult period and ask that you waive the late penalties and accept my enclosed check as full payment for Corporation Reinstatement. Thank you.

Sincerely,



Sally M. Marlowe  
ARTHRTIS PAIN TREATMENT CENTER  
OF CLEARWATER, FLORIDA