

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

~~APPLICATION~~  
~~FOR~~  
~~REINSTATEMENT~~



FLORIDA DEPARTMENT OF STATE  
Statewide Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

00 OCT 24 AM 11:40

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # J01007

1. Corporation Name

INDEPENDENT MEDICAL AND DENTAL CONSULTANTS, INC

Principal Place of Business

Mailing Address

36 W. RT. 70, PO BOX 448  
SUITE 214  
MARLTON NJ 08053  
US

36 W. RT. 70, PO BOX 448  
SUITE 214  
MARLTON NJ 08053  
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

02/24/1986

5. FEI Number

22-2436812

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 3	City / State / Zip 4
S	GROSS, DEBRA	36 W. RT 70, STE. 214, PO BOX 448	MARLTON NJ 08053
TD	MORGENROTH, HERBERT B.	36 W. RT 70, STE. 214, PO BOX 448	MARLTON NJ 08053
PVP	GROSS, DEBRA	36 W. RT 70, STE. 214, PO BOX 448	MARLTON NJ 08053

900003459172--3  
-11/09/00--01085--004  
\*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LIEBERMAN, KAREN  
10515 N.W. 11TH CT  
PLANTATION FL 33322

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

Karen Lieberman

Date 10/20/00

REGISTERED AGENT MUST SIGN

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., 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
DR. HERBERT B. MORGENROTH

10/18/00  
Date

856-596-8100  
Daytime Phone #

CR2E040 (8/00)

# IMDC

Independent Medical and Dental Consultants

282

Home Office: 36 West Route 70

Suite 214

PO Box 448

Marlton, NJ 08053

October 18, 2000

RE: #J01007  
INDEPENDENT MEDICAL AND DENTAL CONSULTANTS

To Whom It May Concern:

Enclosed please find a copy of check #46265, in the amount of \$150.00, which was sent overnite but never received or cashed.

When we received an application for reinstatement, I called and spoke with Leslie and she informed me that our check was not received or recorded. I was told to send this letter of explanation along with the reinstatement application and a new check for \$150.00.

Please acknowledge receipt and reinstatement of Independent Medical and Dental Consultants.

Thank you for your attention to this matter.

Sincerely,

*Lisa Foster*

Lisa Foster,  
Accounting Supervisor