

APPROVED  
 NG THIS FORM.  
 FILED

FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

98DEC 21 PM 4: 44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Corporation Name

ROBERT G. McCORD, M.D., P.A.

Principal Place of Business	Mailing Address
1350 Bristol Park Pl. Lake Mary, FL 32746	1350 Bristol Park Pl. Lake Mary, FL 32746

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
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Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

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

[illegible]

999002720953-3  
-12/23/98--01064--002  
\*\*\*\$00.00 \*\*\*\$00.00

12/21

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ROBERT G. McCORD, M.D.  
1350 Bristol Park Place  
Lake Mary, FL 32746

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

Robert J. McLeod M.D.

Date 11/30/98

ROBERT G. MCCORD, M. REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

(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 name of individuals listed on this form do not qualify for an exemption under section 119.07(3)(f), 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:**

Robert Grueled me

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
ROBERT G. McCORD, M.D.

11/30/98 (973) 831-5046

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_