PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

APPROVED AND FILED
01 NOV 13 PM 12:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J83426

1. Corporation Name
Internal Medicine of Jacksonville/Oscar Rodas, M.D., P.A.

REINSTATEMENT 1999-2001

2. Principal Office Address		3. Mailing Office Address	
1201 Monument Road		1201 Monument Road	
Suite, Apt. #, etc. Suite #200		Suite, Apt. #, etc. Suite #200	
City & State Jacksonville, FL		City & State Jacksonville, FL	
Zip 32225	Country USA	Zip 32225	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 7/16/87

5. FEI Number 592822737 — 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: Oscar Rodas, M.D.

Street Address (P.O. Box Number is Not Acceptable): 1201 Monument Road

Suite, Apt. #, Etc.: Suite #200

City: Jacksonville — State: FL — Zip Code: 32225

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: [signature] Date: November 9, 2001
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
DP,S,T	Oscar Rodas, M.D.	1201 Monument Road Suite #200	Jacksonville Florida 32225

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-11/20/01--01029--002
***1050.00 ***1050.00

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.

SIGNATURE: [signature] OSCAR RODAS 11/9/2001 (904) 727-5120
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTORNEYS' TITLE
Requestor's Name

660 E. Jefferson St.
Address

Tallahassee, FL 32301 850-222-2785
City/St/Zip Phone #

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1- INTERNAL MEDICINE OF JACKSONVILLE

2-

3-

4-

[X] Walk-in [ ] Pick-up time **ASAP** [ ] Certified Copy

[ ] Mail-out [ ] Will wait [ ] Photocopy [ ] Certificate of Status

	NEW FILINGS
	Profit
	Non-Profit
	Limited Liability
	Domestication
	Other

	AMENDMENTS
	Amendment
	Resignation of R.A., Officer/Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

	OTHER FILINGS
	Annual Report
	Fictitious Name
	Name Reservation

	REGISTRATION/QUALIFICATION
	Foreign
	Limited Partnership
XXX	Reinstatement
	Trademark
	Other

Examiner's Initials