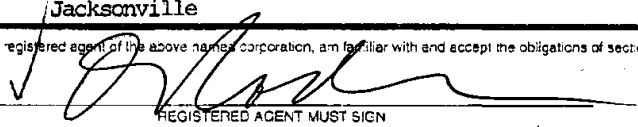
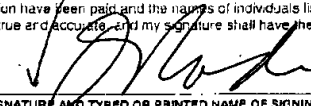


11/09/01 17:25 FAX 904 387 5771

DALE BEARDSLEY PA

002/002

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # J83426			
1. Corporation Name Internal Medicine of Jacksonville/Oscar Rodas, M.D., P.A.			
2. Principal Office Address 1201 Monument Road Suite, Apt. #, etc. Suite #200 City & State Jacksonville, FL Zip 32225 Country USA		3. Mailing Office Address 1201 Monument Road Suite, Apt. #, etc. Suite #200 City & State Jacksonville, FL 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 ☐		\$0.75 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  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
			900004688799--B -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: 		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

City/St/Zip

850-222-2785

Phone #

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

1- INTERNAL MEDICINE OF JACKSONVILLE

2-

3-

4-

☒ 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
☒	Reinstatement
☐	Trademark
☐	Other

Examiner's Initials