

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

97 DEC 22 PM 6:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K62840

1. Corporation Name
PSS Physician Services, Inc.

Principal Place of Business
4345 Southpoint Blvd
Jacksonville, FL 32216

Mailing Address
Same

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

2-2-89

5. FEI Number

59-2280364

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
Pres	Patrick C Kelley	1091 Ponte Vedra Blvd	Ponte Vedra Bch, FL 32082
Sec	Fred Elefant	1650 Prudential Dr.	Jacksonville FL 32207
VP	Jimmy West	9855 Scott Mill Rd.	Jacksonville, FL 32207

300002380523-4
-12/23/97-01061-007
94124.00 ***1245.00

REINSTATEMENT

92 12-22-97

8. Name and Address of Current Registered Agent

Fred Elefant
1650 Prudential Dr
Jacksonville, FL 32207

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

300002380523-4
-12/23/97-01061-008
*****17.50 *****17.50

State Zip Code
FL

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

Fred Elefant

REGISTERED AGENT MUST SIGN

Date 12-16-97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(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 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

Patrick Kelley
Patrick Kelley, President

12/16/97
Date

904-281-0011
Daytime Phone #