

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR



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

APPROVED
AND
FILED

①

1997 SEP 17 PM 1:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K75210

1. Corporation Name

Medical Systems Review, Inc.

Principal Place of Business

Mailing Address

9300 South Dadeland Boulevard
Suite 103
Miami, Florida 33156

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

4. Date Incorporated or Qualified
To Do Business in Florida

03-23-89

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0121765

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
P/D	Ferguson, Sandra J.	9300 S Dadeland Blvd Suite 103	Miami FL 33156
S/T	Ferguson, David W.	9300 S Dadeland Blvd Suite 103	Miami FL 33156

900002298559--3
-09/19/97--01112--004
****365.00 ****365.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Ferguson, Sandra J.
13720 SW 103 Place
Miami FL 33176

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

Sandra J. Ferguson
REGISTERED AGENT MUST SIGN

Date

9/15/97

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

Sandra Ferguson

9/15/97
Date

305-670-6333
Daytime Phone #

CR2E040 (12/96)

(2)

MEDICAL SYSTEMS REVIEW, INC.

9300 S. DADELAND BLVD
SUITE 103
MIAMI, FLORIDA 33156
TEL: 305-670-6333 FAX: 305-670-4606

K75210

SEPTEMBER 15, 1997

**DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL 32314**

TO WHOM IT MAY CONCERN :

**ENCLOSED PLEASE FIND THIS APPLICATION FOR REINSTATEMENT FOR WHICH
WE RESPECTFULLY REQUEST THAT YOU ABATE THE REINSTATEMENT FEE.
WE DID NOT RECEIVE THE ANNUAL REPORT FOR 1996 AND 1997 NOR DID WE
RECEIVE A REMINDER.**

**ALONG WITH THIS APPLICATION PLEASE FIND A CHECK WITH OUR FEES FOR
1996 AND 1997 CORPORATION ANNUAL REPORT.**

SINCERELY,



**SANDRA FERGUSON
PRESIDENT**