

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR REINSTATEMENT

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

FILED

97 OCT 27 PM 2:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K82132

1. Corporation Name Professional Medical Associates of Northwest Florida, Inc.

Principal Place of Business Mailing Address

5150 S. Ferdon Blvd. 5150 S. Ferdon Blvd
Crestview, FL 32536 Crestview, FL 32536

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4/20/1989	
City & State		City & State		5. FEI Number	
Zip		Country		59-2931122	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P D	A. Ross Leo	5150 S. Ferdon Blvd.	Crestview, FL 32536
ST D	Teresa C. Kelley	5150 S. Ferdon Blvd.	Crestview, FL 32536

600002332196--5
-10/29/97--01031--004
****165.00 ****165.00

8. Name and Address of Current Registered Agent

Cadenhead, Chris
420 East Pine Street
Crestview, FL 32536

9. Name and Address of New Registered Agent

Name Lundy and Bowers, CPA, P.A.
Street Address (P.O. Box Number is Not Acceptable) 1584 S. Pearl Street
Suite, Apt. #, Etc.
City Crestview, State FL Zip Code 32536

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 *[Signature]* Lundy and Bowers, CPA, P.A. Date 10/22/97
REGISTERED AGENT MUST SIGN

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

A. Ross Leo, Pres. 10/22/97 850/682-7777

Date Daytime Phone #

CR2E040 (12/96)



②
The LEADER in Home Respiratory Care

Accredited by:



Joint Commission
on Accreditation of Healthcare Organizations

Florida Department of State
Attention: Sandra B. Mortham
Secretary of State
Divisions of Corporations
P.O. Box 6327
Tallahassee, FL 32314

October 22, 1997

Dear Ms. Mortham:

On October 14, 1997 during normal business procedures with Barnett Bank, we were advised that our corporation was showing being terminated. For whatever reason our records show that we were never notified by our Registered Agent to file the necessary documents. Your office advised me that two notices were sent out; neither reached my office. In order that this does not happen again, I am changing our Registered Agent to our CPA firm.

After discussions with your office, I am enclosing a check in the amount of \$165.00, along with the necessary completed form and respectfully request that you accept the regular fee amount, due to extenuating circumstances. I would appreciate your honoring this request.

Cordially,

A. Ross Leo
President

enclosure

/tck

Serving Northwest Florida Since 1989

5150 South Fardon Boulevard, Crestview, FL 32536 • (850) 682-7777