

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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



DOCUMENT # L01636

1. Corporation Name

EMERGENCY MEDICINE ASSOCIATES, INC.

Principal Place of Business

Mailing Address

~~C/O LUIS RIVERA~~
~~145 RIVERWAY DR~~
~~VERO BCH FL 32962~~
~~US~~

~~C/O LUIS RIVERA~~
~~145 RIVERWAY DR~~
~~VERO BEACH FL 32962~~
~~US~~

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

2. New Principal Office Address, If Applicable

1000 36th St

3. New Mailing Office Address, If Applicable

1000 36th St

Suite, Apt. #, etc. Dept. Emergency Med

Suite, Apt. #, etc. Dept. Emergency Med

City & State Vero Beach FL

City & State Vero Beach FL

Zip 32960 Country USA

Zip 32960 Country USA

FILED
99 OCT 25 PM 2: 23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 99

4. Date Incorporated or Qualified To Do Business in Florida **07/13/1989** **SP**

5. FEI Number **65-0128777**

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
1	DOZIER, JAMES CRANSTON	501 BAY DR 4813 Woodloch Circle	VERO BCH FL 32967
2	RIVERA, LOUIS, M.D.	145 RIVERWAY DR	VERO BCH FL
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8. Name and Address of Current Registered Agent

RIVERA LUIS M
 145 RIVERWAY DR
 VERO BCH FL 32962

9. Name and Address of New Registered Agent

Name **JAMES C. DOZIER, M.D.**
 Street Address (P.O. Box Number is Not Acceptable) **1000 36th St**
 Suite, Apt. #, Etc. **Dept of Emergency Medicine**
 City **Vero Beach** State **FL** Zip Code **32960**

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

J. C. DOZIER
 REGISTERED AGENT MUST SIGN

Date **10/20/99**

11. 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

J. C. DOZIER President

Date

10/20/99

Daytime Phone #

561-567-4311
423-2112