

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # **LO2161**

**FILED**  
**00 SEP -8 AM 9:44**  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

1. Corporation Name  
**LANCASTER WHITAKER OFFICE, P.A.**

Principal Place of Business Mailing Address  
**410 Jacksonville Drive**  
**Jacksonville, Beach, FL 32250**

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

**REINSTATEMENT 9800**

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.		5. FEI Number	
City & State		City & State		Applied For	
Zip		Country		Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	

59-29535502

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	Steven Lancaster, M.D.	410 Jacksonville Drive	Jacksonville Beach, FL 32250
VP	Dale Whitaker, M.D.	410 Jacksonville Drive	Jacksonville Beach, FL 32250
S	Edward Young, M.D.	410 Jacksonville Drive	Jacksonville Beach, FL 32250
T	John Von Thron, M.D.	410 Jacksonville Drive	Jacksonville Beach, FL 32250

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8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
Steven J. Lancaster, M.D. 410 Jacksonville Drive Jacksonville Beach, FL 32250		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code <b>FL</b>	

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 Steven J. Lancaster Date \_\_\_\_\_  
**Steven J. Lancaster REGISTERED AGENT MUST SIGN**

11. This corporation owes the current year Intangible Personal Property Tax due June 30 Yes  No  (See other side for information on intangible tax.) **KE**

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: Steven J. Lancaster  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Steven J. Lancaster, M.D., President**  
 Date 9/5/00 Daytime Phone # 241-1204

CR2E081 (12/98)