

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # L15911

1. Corporation Name

DRS. CLOWER, MOORE & MARUNIAK - JACKSONVILLE HEALTH CARE GROUP, P.A.

Principal Place of Business

Mailing Address

1200 RIVERPLACE BLVD.  
STE 701  
JACKSONVILLE FL 32207  
US

1200 RIVERPLACE BLVD.  
STE 701  
JACKSONVILLE FL 32207  
US

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

Suite, Apt., etc.

Suite, Apt., etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

09/13/1989

5. FEI Number

59-2966960

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	CLOWER, JAMES W.	1200 RIVERPLACE BLVD., STE 701	JACKSONVILLE FL
D	MOORE, WILLIAM F.	1200 RIVERPLACE BLVD., STE 701	JACKSONVILLE FL
D	SACKETT, ELLEN	1200 RIVERPLACE BLVD SUITE 701	JACKSONVILLE FL
D	CARTER, KYLE	1200 RIVERPLACE BLVD., STE 701	JACKSONVILLE FL
D	MOORE, JAMES	1200 RIVERPLACE BLVD., STE 701	JACKSONVILLE FL
<del>G</del>	<del>MALLY, EARL</del>	<del>1200 RIVERPLACE BLVD SUITE 701</del>	<del>JAX FL</del>

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CLOWER, JAMES W.  
1200 GULF LIFE DRIVE, STE 701  
JACKSONVILLE FL 32207

Name

Street Address

Suite, Apt., Etc.

City

REINSTATEMENT 99 11 TS

300003052263--2

11/23/99 01005-001

\*\*\*\*750.00 \*\*\*\*750.00

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

*James W. Clower*

REGISTERED AGENT MUST SIGN

Date

10/22/99

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

*James W. Clower*

Date

10/22/99

Daytime Phone #