

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

99 NOV -4 AM 10:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L25654**

1. Corporation Name

SOUTHWEST ORLANDO MEDICAL SERVICES, INC.

Principal Place of Business

Mailing Address

9430 TURKEY LAKE ROAD
STE. 206
ORLANDO FL 32819

9430 TURKEY LAKE ROAD
STE. 206
ORLANDO FL 32819

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

2. New Principal Office Address, If Applicable

9430 Turkey Lake Road
Suite, Apt. #, etc.
206

City & State

Orlando, Florida

Zip

32819

Country

U.S.

3. New Mailing Office Address, If Applicable

215 North Eola Drive
Suite, Apt. #, etc.

City & State

Orlando, Florida

Zip

32801

Country

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

10/25/1999

5. FEI Number

50-2977239

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PD	FEUER, KENNETH M.D.	9430 SAND LAKE RD., STE. 206	ORLANDO FL 32819
DVP	MEYER, ROBERT M.D.	9430 SAND LAKE ROAD, STE. 206	ORLANDO FL 32819
T	SESERKO, JAMES Byrne, Paul	9430 TURKEY LAKE RD., STE. 206	ORLANDO FL 32819

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-11/16/99--01101--020
*****750.00 *****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FEUER, KENNETH R MD
9430 TURKEY LAKE RD.
STE. 206
ORLANDO FL 32819

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

Kenneth Feuer

REGISTERED AGENT MUST SIGN

Date

10/18/99

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)(l), 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:

Kenneth Feuer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/18/99

(407)

345.0988

Daytime Phone #