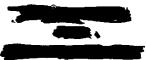
PLEASE READ ALL	INSTRUCTIONS	BEFORE C	OMPLETING	THIS FORM.





FLORIDA DEPARTMENT OF STATE

Sandra, B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT#

1. Corporation Name

STEPHEN C. MCALILEY, P.A.



HLED

98 NOV 25 PH 12: 52

SECRETARY OF STATE TALL/SIASSEE, FLORIDA



Principal Place of Business

C/O STEPHEN C MCAULEY 1615 FORUM PLACE STE 501

Mailing Address

C/O STEPHEN C MCAULEY 1615 FORUM PLACE STE 501

<u> </u>		II BIBII BIBII	

WEST PALM BEACH FL 33401 US		West Palm Beach Fl 33401 Us								
If above a	ddresses are	incorrect in any way, line thr	ough incorrect is	nformation a	nd enter o	correction below.				
2. New Pri	ncipal Office A	Address, If Applicable	3. New Maili	ng Office Ad	idress, if	Applicable	Date Incorporate To Do Busin	orated or Qualified ness in Florida	05/30/1	 990
Suite, Apt. #, etc. St		Suite, Apt. #,	Suite, Apt. #, etc.		5. FEI Number Applied For					
City & State			City & State				6.	65-0193631 Not Applica		Not Applicable
Zip		Country	Zip		Country	/		E OF STATUS DESIRED	\$8.75 Add for a Cer	tional Fee required tificate of Status
7. Names a	and Street Add	dresses of Each Officer and/	or Director (Flo	rlda nonproí	it согрога	tions must list at lea	st 3 directors)			
Title(s)	2	Name of Officers and/or Directors		3 (Do	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)		City / State / Zip			
DP	MCALILEY	, STEPHEN C		1615 FO	RUM PL	ACE		WEST PALM BEA	CH FL	
ST	ST MCALILEY, STEPHEN C		1615 FORUM PLACE		WEST PALM BEACH FL DDDD27014498 -12/03/9801042012					
								-12/U3/: ****22	380104 5.00 **	2012 **225.00
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	- "									
	8. Nam	e and Address of Current I	Registered Age	nt			9. Name and A	Address of New Regi	stered Agent	
						Name				
MCALILEY, STEPHEN C. 1615 FORUM PL			Street Address (P.O. Box Number is Not Acceptable)							
STE 501			Suite, Apt. #, Etc.							
		CH FL 33401				Cîty			State Zip C	ode
10. I, being	appointed the	registered agent of the abo					oligations of Section	on 607.0505, F.S.	•	
Signature of Registered	f Agent	≟IGNA				HRED		Date		
		RĒ	GISTERED AG	ENT MUST	SIGN					
		ration owes or ha Personal Propert				Yes 🗌	No 🗆	(See c	other side for int on intangible ta	ormation x.)
12. I certify	that I am an o	fficer or director or the receivalication, the reason for disso	ver or trustee en	npowered to	execute the como	this application as p	rovided for in cha	pter 607 or 617, F.S. I of section 607,0401 o	further certify to 617.0401, F.5	hat when filing

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.

LAW OFFICE

Stephen C. McAliley, P.A.

Insurance defense 🦠 Medicolegal Claims

EDITOR, HIPPOCRATES LANTERN

E-MAIL: COMPUSERVE 71167,623 INTERNET: SCM@GATE.NET BARRISTERS BUILDING, SUITE 501 1615 FORUM PLACE

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PHONE (561) 659-3700

FAX (561) 688-9231

POST OFFICE BOX 2439
WEST PALM BEACH, FLORIDA 33402

OF COUNSEL TO PAXTON, CROW, BRAGG, SMITH & NELSON, P.A.

November 23, 1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

RE: Document #L78172

Dear Ms. Mortham:

To my dismay I received a notice of dissolution of (Stephen C. McAliley, PA). This is the first time I was reminded of this obligation. I never saw or heard about any communication to the effect that needed to renew our corporate status. In our small office — I am the only lawyer — this would not be ignored or overlooked. After talking with my erstwhile secretary of eight years I am satisfied that your notice went astray before it reached us.

We would very much appreciate it if you will accept payment now. The delay hasn't been long and I received the Notice of Dissolution today. Enclosed is our check for \$225.00. Please let us know if this is satisfactory.

Sincerely,

Stephen C. McAliley

Enclosure SCM:nm/Fistate.N23