

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

01 OCT 29 AM 11:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N00000004779**

1. Corporation Name

CHILDREN'S DIAGNOSTIC & TREATMENT CENTER, INC.

Principal Place of Business

Mailing Address

303 SE 17TH ST
FT LAUDERDALE FL 33316

303 SE 17TH ST
FT LAUDERDALE FL 33316

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

4. Date Incorporated or Qualified
To Do Business in Florida

07/20/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-1026739

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
President (D)	Wil Trower (D)	2500 NE 7th Place Ft. Lauderdale, FL 33306	Ft. Lauderdale, FL 33306
Vice President (D)	Robert A. Burton (D)	8051 S. Aragon Blvd. #1	Sunrise, FL 33322
Secretary/ Treasurer (D)	Patricia L. Mahaney (D)	1724 SW 7th Street	Ft. Lauderdale, FL 33316
Director (D)	Susan M. Widmayer, Ph.D. (D)	1001 NW 93 Terrace	Plantation, FL 33322

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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SCHERER, WILLIAM R JR
633 S FEDERAL HWY, 8TH FLOOR
FT LAUDERDALE FL 33301

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

William R. Scherer
REGISTERED AGENT MUST SIGN

Date 10/29/01

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:

Susan M. Widmayer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/26/01
Date

(854) 728-1055
Daytime Phone #