

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JAN 15 PM 4:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000005420

1. Corporation Name

NORTHEAST FLORIDA MEDICAL SOCIETY, INCORPORATED

Principal Place of Business

3160 WEST EDGEWOOD AVENUE
JACKSONVILLE FL 32209

Mailing Address

POST OFFICE BOX 2270
JACKSONVILLE FL 32202



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

08/14/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

APPLIED FOR

Applied For

City & State

City & State

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

Zip

Country

Zip

Country

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	CAIN, ROGERS	3000 DUNN AVENUE #70 9390 Lem Turner Rd	JACKSONVILLE FL 32210 32208
SD	MCINTOSH, CHARLES B M.D.	3160 WEST EDGEWOOD AVENUE	JACKSONVILLE FL 32209
SD	SIMMONS, CHARLES E III Reginald Sykas M.D.	1777 EDGEWOOD AVENUE NORTH 3160 West Edgewood Ave. N.	JACKSONVILLE FL 32209
TD	ATKINS, KENNETH M.D. Kenneth Jones M.D.	500 W. 8TH STREET #7005 1004 Edgewood Ave, W.	JACKSONVILLE FL 32209
D VP	THOMPSON, SHELLY H M.D.	3160 WEST EDGEWOOD AVENUE	JACKSONVILLE FL 32209
D	GODY, WILLIAM M.D. REUBEN SMITH M.D.	1820 BARRIS STREET #701 4339 Roosevelt Blvd	JACKSONVILLE FL 32208 32210

8. Name and Address of Current Registered Agent

MCINTOSH, CHARLES B M.D.
3160 WEST EDGEWOOD AVENUE
JACKSONVILLE FL 32209

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

500008617295

Suite, Apt. #, Etc.

10/28/02 01052 023 **61.25

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. or 617.0505, F.S.

Signature of
Registered Agent

CHARLES B. MCINTOSH
REGISTERED AGENT MUST SIGN

Date

10/20/02

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.

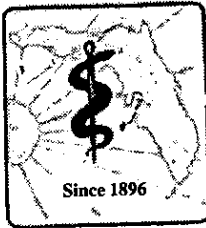
SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/20/02



**Northeast
Florida
Medical
Society,
Incorporated**

(904) 220-8114

P.O. Box 2270
Jacksonville, Florida 32203

(904) 766-2993 Fax

A Constituent Society of the Florida State Medical Association in Region III of the National Medical Association

Rogers Cain, M.D.
President

C.E. Simmons, M.D.
Vice President

C.B. McIntosh, M.D.
Secretary

S.H. Thompson, M.D.
Asst. Secretary

Kenneth Atkins, M.D.
Treasurer

Executive Committee
William Cody, M.D.
Linda Johnson, M.D.
Kenneth Jones, M.D.
Herman Miller, M.D.

October 21, 2002

Hon. Jim Smith,
Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314-6327

Re: Corporate Reinstatement

Dear Secretary Smith:

Prior notices ^{including revocation letters -} for our annual report (UBR) were apparently not received in our office.

We are reporting on the enclosed reinstatement application including changes in officers and directors for the year 2002 with the required fee payment by check.

We are currently investigating possible causes for the non-delivery.

Sincerely,

Charles B. McIntosh, M.D.

Encl: Check #2652 (\$61.25)
Application for Reinstatement

CBM/

cc: Rogers Cain, M.D.
Kenneth Jones, M.D.

National Medical
Association, Inc.
1012 Tenth St. NW
Washington, D.C.
20001-4492
(202) 842-3293