

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 JAN 30 AM 11:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # NO1000001087

1. Corporation Name

RAULERSON HOSPITAL MEDICAL STAFF, INC.

2. Principal Office Address

210 N.E. 19th Drive

Suite, Apt. #, etc.

3. Mailing Office Address

210 N.E. 19th Drive

Suite, Apt. #, etc.

City & State

Okeechobee, Florida

City & State

Okeechobee, Florida

Zip

34972

Country

Okeechobee

Zip

34972

Country

Okeechobee

4. Date Incorporated or Qualified
To Do Business in Florida

2/15/2001

5. FEI Number

65-1104247

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

16. If Agent, in the event of a change of address, please notify the Department of State.

7. Name and Address of Current Registered Agent

Name

LILIA D. LADIA

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

210 N.E. 19th Drive

Suite, Apt. #, Etc.

City

Okeechobee

State
FL

Zip Code
34972

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 817.0503, F.S.

Signature of
Registered Agent

Lilia D. Ladia

REGISTERED AGENT MUST SIGN

Date 1/ /03

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	CHRISTOPHER MAVROIDES, MD.	1922 Hwy. 441 North	Okeechobee, FL 34972
VP/D	ARMANDO A. SANTELICES, MD	212 N.E. 19th Drive	Okeechobee, FL 34972
ST/D	ARIF SHAKOOR, MD	265 N.E. 19th Drive	Okeechobee, FL 34972
D	LILIA D. LADIA, MD	210 N.E. 19th Drive	Okeechobee, FL 34972
D	IQBAL AHMED, MD	2022 N.E. 19th Drive	Okeechobee, FL 34972
D	MANUEL GARCIA, MD	306 N.E. 19th Drive	Okeechobee, FL 34972
D	TAHIR NAEEM, MD	1924 Hwy. 441 North	Okeechobee, FL 34972
D	MIGUEL DESPIRITU, MD	304 N.E. 19th Drive	Okeechobee, FL 34972

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 807 or 817, 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 807.0401 or 817.0401, 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)(f), 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

1/30/03

Date

(863) 763-5666

Daytime Phone #