

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION
STATEMENT

DOCUMENT # N01344

Corporate Name
SCO MEDICAL PLAZA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
13100 Ft. King Road Same
Dade City, FL 33525

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	
				2/16/84	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number	
				59-2433237	
City & State		City & State		Applied For	
				Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	

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 (Do NOT Use Post Office Box Numbers)	4 City, State, Zip
P/D	William Garnett Buck	13100 Ft. King Road	Dade City, FL 33525
S/T/D	Martha S. Finrock	13100 Ft. King Road	Dade City, FL 33525
D	Dr. Ben Chiang	13020 Ft. King Road #102	Dade City, FL 33525
D	Tew A. Sak, M.D.	6719 Gall Blvd. #107	Zephyrhills, FL 33541
D	Miguel B. Garcia, M.D.	6719 Gall Blvd. #205	Zephyrhills, FL 33541

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
Robert C. Meade 13100 Ft. King Road Dade City, FL 33525		Name William Garnett Buck	
		Street Address (P.O. Box Number is Not Acceptable) 13100 Ft. King Road	
		Suite, Apt. #, Etc.	
		City Dade City	State Zip Code FL 33525

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 Wm. B. Buck Date 12/28/99
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. 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: Wm. B. Buck 12/28/99 (352) 521-1117
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
WILLIAM GARNETT BUCK, President/Director