

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 NOV 17 PM 6:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N15549**

1. Corporation Name
SEBASTIAN PHYSICIANS' MEDICAL CENTER, INC.

Principal Place of Business 13825 US 1 SEBASTIAN FL 32958	Mailing Address 13825 US 1 SEBASTIAN FL 32958
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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
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida	06/20/1986
5. FEI Number	59-2733894
Applied For	Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	RIZWI, M. NASIR	1519 ORCHID DRIVE	VERO BEACH FL
VD	MONNETT, RALPH B.	12509 ROSELAND RD	VERO BCH FL
SD	MITCHELL, GEORGE D.	8309 CHINABERRY ROAD	VERO BCH FL
D	BAMBRICK, WILLIAM S.	2800 ROCKY POINT RD	MALABAR FL

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*****61.75 *****61.75

8. Name and Address of Current Registered Agent

RIZWI, M. NASIR
13855 US 1
SEBASTIAN FL 32958

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number Is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
FL

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: *Rizwi M.D.* Date: 11/14/97

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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: *Rizwi M.D.* 11/14/97 561 589 6844

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CPRE040 (8/97)

Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Sebastian Physicians Medical Center, Inc.
13885 U.S. Hwy 1
Sebastian, FL 32958

October 27, 1997

To Whom It May Concern;

We recieved a Notice of Administrative Dissolution or Revocation for this medical center of which I am the secretary. We did not file this during the allowed time period, because we never received the application for filing. Please note the return address, 13885 U.S. Hwy 1, Sebastian, FL 32958.

I have filled out this application and have enclose a check for \$61.25, which should be the correct amount for this corporation.

Thank you for your consideration in this matter.

Sincerely,



Lillian Palenchar
Secretary, Sebastian Physicians' Medical Center, Inc.