

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

98 DEC 14 PM 12:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N29916

1. Corporation Name

AMERICAN BOARD OF MEDICAL MANAGEMENT, INC.

Principal Place of Business

Mailing Address

4890 W. KENNEDY BLVD.
SUITE 200
TAMPA FL 33609-2517

4890 W. KENNEDY BLVD.
SUITE 200
TAMPA FL 33609-2517

If above addresses are incorrect in any way, line through incorrect information and enter correct below.

REINSTATEMENT

98

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

12/28/1988

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2969547

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P & D	DIRSON, EDWARD W. MD. John C. Babka, MD	787 7TH AVENUE 323 Jeffords	NEW YORK NY Clearwater, FL 33756
K	LENZ, PAUL R. MD	57 ROUTE 4	NEW BRUNSWICK NJ
VP & D	BERMAN, HENRY S. MD Ronald Kaufman, MD	5615 WEST SUNSET HWY 3500 E. Fletcher Ave #530	SPOKANE WA Tampa, FL 33613
D Sec-Treas	ROBERT H. HODGE, JR. M Roger Schenke	2764 BROWNS GAP TURNPIKE 4890 W. Kennedy Blvd. #200	CHARLOTTESVILLE VA Tampa, FL 33609
K	JOHN W. POLARD, MD	602 W UNIVERSITY AVENUE	URBANA IL
X K	KLING, ROBERT D.	1400 CHARLES ST.	ROCKFORD IL 61104

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SCHENKE, ROGER S.
4890 W. KENNEDY BLVD.
STE. 200
TAMPA FL 33609-2517

Name

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

700002719517--4

Suite, Apt. #, Etc.

-12/22/98--01083--001

City

State Zip Code

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

REGISTERED AGENT MUST SIGN

Date

12/10/98

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/10/98

CR2E040 (9/88)