

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

17 FEB -1 PM 3:22

DOCUMENT # N38614

1. Corporation Name

Florida Society of Addiction Medicine, Inc.

2. Principal Office Address - No P.O. Box #
9125 Royal Gate Drive

Suite, Apt. #, etc.

City & State
Windermere, FL

Zip Country
34786 U.S.A.

3. Mailing Office Address
9125 Royal Gate Drive

Suite, Apt. #, etc.

City & State
Windermere, FL

Zip Country
34786 U.S.A.

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida 06/15/1990

5. FEI Number 59-2992737 ☐ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Timothy Huckaby, M.D.

Street Address (P.O. Box Number is Not Acceptable)
9125 Royal Gate Drive

Suite, Apt. #, Etc.

City State Zip Code
Windermere FL 34786

300235040829
02/02/17--01001--003 **367.50

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent Timothy Huckaby, M.D.
REGISTERED AGENT MUST SIGN

Date 01/27/2017

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
President	Timothy Huckaby, M.D.	9125 Royal Gate Drive	Windermere, FL 34786
Pres-Elect	Jason Fields, M.D.	5611 S. Sherwood Ave, Unit 2	Tampa, FL 33611
Treasurer	Daniel Logan, M.D.	14720 N.W. 13th Place	Newberry, FL 32669

REINSTATEMENT

2015-2016

10. E-mail Address: thuckabyfsam@gmail.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Timothy Huckaby, M.D.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/27/2017 941-773-4700

Date Daytime Phone #