

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000000969

1. Corporation Name

FLORIDA INDEPENDENT PHYSICIANS ASSOCIATION, INC

Principal Place of Business

Mailing Address

408 W. UNIVERSITY AVE.
SUITE 108
GAINESVILLE FL 32601
US

408 W. UNIVERSITY AVE.
SUITE 108
GAINESVILLE FL 32601
US

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

Zip

Country

REINSTATEMENT **99-10**

4. Date Incorporated or Qualified To Do Business in Florida

02/25/1993

5. FEI Number

59-3185594

Applied For

Not Applicable

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
D	DUSSIA, EVAN E II	1911 MICCOSUKEE RD	TALLAHASSEE FL
DP	CAUTHEN, MD J C	6510 NW 9TH BLVD, STE 1	GAINESVILLE FL
DS	SCHULTEN, JR M MAURICE	436 NOKOMIS AVE S	VENICE FL
D	GILMOUR, KAY E MD	3550 UNIVERSITY BLVD STE 302	JACKSONVILLE FL
D	CONDRON, COLIN J MD	414 N MILLS AVE	ORLANDO FL
D	GOLDBERG, ROBERT I MD	4300 ALTON RD GI DEPT	MIAMI BEACH FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HARRIS, JR F F
101 E COLLEGE AVE
TALLAHASSEE FL 32301

8000003390318--0
-09/12/00--01075--002

Name

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

8000003390318--0

Suite, Apt. #, Etc.

-09/12/00--01075--001

City

State

Zip Code

FL

61.25

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

SIGNATURE REQUIRED

Date

6/22/00

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., 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Joseph C Cauthen

6/22/00

KE

CR2E040 (8/99)