

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC -3 PM 1:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N93000005036**

1. Corporation Name

VENICE PHYSICIAN ORGANIZATION, INC.

Principal Place of Business

540 THE RIALTO
VENICE HOSPITAL
VENICE FL 34285

Mailing Address

540 THE RIALTO
VENICE HOSPITAL
VENICE FL 34285

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/03/1993

5. FEI Number

65-0452785

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	HOLEC, SYDNEY MD	540 THE RIALTO	VENICE FL 34285
D	ERQUIRGA, EUGEND MD	540 THE RIALTO	VENICE FL 34285
P	GULEY, MICHAEL	540 THE RIALTO	VENICE FL 34285
D	NAVARRO, MD A	1211 JACARANDA BLVD	VENICE FL 34285
T	GREEN, JAMES WILDERMUTH, ROBERT	540 THE RIALTO	VENICE FL 34285
VC	MEYERHOFF, JACK	540 THE RIALTO	VENICE FL 34285

8. Name and Address of Current Registered Agent

~~SMITH, JAMES A~~
~~540 THE RIALTO~~
~~VENICE FL 34285~~

9. Name and Address of New Registered Agent

Name

Stephen K. Boone

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

1001 Avenida Del Circo

Suite, Apt. #, Etc.

City

Venice

State

FL

Zip Code

34285

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. or 617.0505, F.S.

Signature of
Registered Agent

Signature of Stephen K. Boone
SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

100009322761
12/03/02--01068--006 **236.25
11-25-02
Date

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 of Stephen K. Boone
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/20/02

Daytime Phone #

CR2E040 (8/02)