| | | - | | | | | | |
|--|---|--------------|---|---------------------|--|--|-------------------|--|
| PLEASE READ ALL INSTRUCTIONS BEFORE OF APPLICATION FOR FOR PLEASE READ ALL INSTRUCTIONS BEFORE OF APPLICATIONS FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS | | | | | 1 | | | |
| DOCUMENT # N9600002928 1. Corporation Name FEDERATION OF PHYSICIANS AND DENTISTS IPA, INC. | | | | | 97 NOV -6 AM 8: 18 SECRETARY OF STATE TALLAHASSEE FLORIDA | | | |
| 3815 NORTH U.S. 1 38: SUITE 121 SU | | | Mailing Address 3815 NORTH U.S. 1 SUITE 121 COCOA FL 32927 | | | | | |
| | nal Office Address, If Applicable | 3. New Mail | gh incorrect information and enter correction below. 3. Now Mailing Office Address, If Applicable Suite, Apt. #, etc. | | | 4. Date Incorporated or Qualified To Do Business in Florida 6/04/1996 5. FEI Number Applied For | | |
| City & State | · <u></u> | City & State | | | 5 9 -338 1903 Not Applicable | | | |
| Z ip Country Z | | Zip | Country | | CERTIFICATE OF STATUS DESIRED for a Certificate of Status | | | |
| 7. Names and Street Addresses of Each Officer and/or Director (F Name of Officers and/or Directors 2 | | | orlda nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers) | | | City / State / Zip | | |
| | R. Duff Spraws MD 225 C | | | ary Medica RD | 1 Drive | Merritt Estand, | | |
| ^ | | | 805 Century Medical Dr Sol Delknooy Ave | | | Titusville F/ | 32796 32926 | |
| | ~ | | | 106 W. Jefferon St. | | | 1 3236/ | |
| D Michael J Cosch 8. Name and Address of Current Registered Agent | | | | | | Cocoo FI 3 | 3 29 2 6 Agent | |
| VOSCH, N 3815 NOR SUITE 121 COCOA F | RTH U.S. 1 | | Name Street Address (P.O. Box Number is Not Acceptable) Sulte, Apt. #, Etc. | | | | | |
| 10. I, being app Signature of Registered Age | pointed the registered agent of the above | | oration, am familiar wi | th and accept the o | bligations of Secti | | · ~ | |
| | corporation owes or ha | | | ar Yes 🗍 | No \square | (See other side | e for information | |

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.

Yes I

No

ASIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

Intangible Personal Property tax due June 30.

Preside

407-638-0800

Daylime Phone #



SPACE COAST Federation of Physicians and Dentists

3815 N.US #1 Suite 121 Cocoa, FL 32926 (407) 638-0800 Fax: (407) 638-0287 106 West Jefferson Street Tallahassee, FL 32301 (904) 681-7775 Fax: (904) 681-2697

To: Whom It may Concern

From: Michael J. Vosch

Re: Annual Report

Date: November 2, 1997

Enclosed you will find a completed Application for Reinstatement, a copy of the previously sent document and a copy of our check register showing a check was wrote to the Department of State. on July 15, 1997. We have since found out that this check was never cashed nor did you receive our original annual report. I placed a call to your office and was told to send a new check for the \$61.25 filing fee which is also inclosed. Thank you in advance for straightening out the problem. Should you have any questions do not hesitate to call me at (407)-638-0800.

Sincerely,

Michael J. Vosch MJV/eso