

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

00 DEC 18 PM 4:07

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # NA000003649

1. Corporation Name

Integrated Physician Services, Inc.

2. Principal Office Address

301 N. Alexander St.

Suite, Apt. #, etc.

City & State

Plant City, FL

Zip

33566

Country

USA

3. Mailing Office Address

301 N. Alexander St.

Suite, Apt. #, etc.

City & State

Plant City, FL

Zip

33566

Country

USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

7/11/96

5. FEI Number

59-3404509

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$875 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

W. G. Ulbricht

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

301 N. Alexander St.

Suite, Apt. #, Etc.

City

Plant City

State

FL

Zip Code

33566

500003514845--E
-12/28/00-01004-019
***236.25 ***236.25

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

Date 12/6/00

REGISTERED AGENT MUST SIGN

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
PD	Mallah, Isaac	301 N. Alexander St.	Plant City, FL 33566
STD	Ulbricht, William G	301 N. Alexander St.	Plant City, FL 33566
D	Thall, George R.	301 N. Alexander St.	Plant City, FL 33566
D	Butler, Stephen, MD	301 N. Alexander St.	Plant City, FL 33566

10. 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.

KE

SIGNATURE:

William G. Ulbricht W. G. Ulbricht

12/6/00

Date

813-757-1205

Daytime Phone #