

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

02 FEB 25 PM 2:30

DOCUMENT # N97000006574

1. Corporation Name

FLORIDA CHILDREN'S PHYSICIANS AND SURGEONS, INC.

Principal Place of Business

Mailing Address

601 ROLLINS STREET  
ORLANDO FL 32803

PO BOX 533074  
ORLANDO FL 32803  
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

4. Date Incorporated or Qualified  
To Do Business in Florida

11/21/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3480126

Applied For

Not Applicable

City & State

City & State

Zip Country Zip Country

6. CERTIFICATE OF STATUS DESIRED ☒ \$875 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	SIGNER, RICHARD M.D.	601 ROLLINS STREET	ORLANDO FL 32803
D	GUEDES, BENJAMIN M.D.	601 ROLLINS STREET	ORLANDO FL 32803
D	SELSKY, CLIFFORD M.D. Eric Trumbor	601 ROLLINS STREET	ORLANDO FL 32803
D	CARSONIMO, THOMAS	601 ROLLINS STREET	ORLANDO FL 32803
D	ALANA, CARLOS	601 E. ROLLINS ST	ORLANDO FL 32803

8. Name and Address of Current Registered Agent

B&C CORPORATE SERVICES OF CENTRAL FLA. INC  
390 NORTH ORANGE AVE.  
ORLANDO FL 32801

9. Name and Address of New Registered Agent

Name Richard D Signer  
Street Address (R.O. Box Number is Not Acceptable)  
615 E Princeton Street  
Suite, Apt. #, Etc. 300  
City Orlando State FL Zip Code 32803

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

Richard D Signer MD

Date

2/10/02

REGISTERED AGENT MUST SIGN

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)(l), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARLOS ALANA

Date

Daytime Phone #

2/10/02 (402) 894-1465