

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

page 1 of 2

CORPORATION



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

FILED

01 OCT 15 AM 4:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000017293

1. Corporation Name

Providence Medical Corporation

2. Principal Office Address

3350 Ulmerton Rd.

Suite, Apt. #, etc.

Suite 16

City & State

Clearwater FL

Zip

33764

Country

USA

3. Mailing Office Address

3350 Ulmerton Rd.

Suite, Apt. #, etc.

Suite 16

City & State

Clearwater FL

Zip

33764

Country

USA

900004642079--1

-10/18/01--01069--016

\*\*\*150.00 \*\*\*150.00

4. Date Incorporated or Qualified  
To Do Business in Florida

2/15/00

5. FEI Number

59-3626517

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Pamela Ann Levering

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

2001 Park St. N.

Suite, Apt. #, Etc.

City

St. Petersburg

State

FL

Zip Code

33710

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

Pamela A. Levering

Date 10/12/01

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
D	David Richard Levering, Jr.	2001 Park St. N.	St. Petersburg FL 33710

01432 TS

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.

SIGNATURE:

David Richard Levering, Jr.

10/12/01 (727) 540-9377

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2001 (9/00)

# PROVIDENCE MEDICAL CORPORATION



October 12, 2001

Florida Department of State  
Katherine Harris  
Secretary of State  
Division of Corporations

Dear Secretary Harris:

I mailed my company's Uniform Business Report along with a check for \$150.00 to your department in February of this year. My bank called me this week informing me of our Administrative Dissolution. I called your department today and spoke to an examiner, Doug. Doug told me that the UBR apparently was not received, however he told me to check to see if the \$150.00 check had been cashed. The check is still outstanding, so I assume the UBR and check were lost in the mail.

Please accept the attached Corporate Reinstatement application and \$150.00 check to satisfy the requirement. Thank you in advance for your cooperation.

Sincerely,

  
David Richard Levering, Jr.