

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

03 FEB 28 AM 9:35

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P00000042131

1. Corporation Name

ACCIDENT & MEDICAL WALK-IN CLINIC, INC.

Principal Place of Business

Mailing Address

20205 CORTEZ BLVD.
 BROOKSVILLE FL 34601

20205 CORTEZ BLVD.
 BROOKSVILLE FL 34601



REINSTATEMENT 02-03

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

04/24/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3644811

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

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	GALBRAITH, BARRY W	20205 CORTEZ BLVD.	BROOKSVILLE FL 34601

900013283519
 02/28/03--01082--009 **900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GALBRAITH, BARRY W
 20205 CORTEZ BLVD.
 BROOKSVILLE FL 34601

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 Suite, Apt. #, Etc. _____
 City _____ State **FL** Zip Code _____

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 REQUIRED

Date

2-26-03

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)(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 REQUIRED
 BARRY W. GALBRAITH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-26-03

Date

352-997-5500

Daytime Phone #

CR2E040 (8/02)