

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000044516

1. Corporation Name

QUINCY FAMILY MEDICINE, INC.

2. Principal Office Address - No P.O. Box #

300 E. Jefferson St.

Suite, Apt. #, etc.

City & State

Quincy, Florida

Zip 32351

Country

USA

3. Mailing Office Address

300 E. Jefferson St.

Suite, Apt. #, etc.

City & State

Quincy, Florida

Zip 32351

Country

USA

7. Name and Address of Current Registered Agent

Name

Carla M. Holloman, D.O.

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

300 E. Jefferson St.

Suite, Apt. #, Etc.

City

Quincy,

State

FL

Zip Code

32351

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

REGISTERED AGENT MUST SIGN

Date

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
P	Carla M. Holloman, D.O.	300 E. Jefferson St.	Quincy, FL 32351

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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 contained in Chapter 119, 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

Date

Daytime Phone #

(650) 875-1146

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 02-08^{KS}