


02-03
FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED

03 JUN 17 AM 8:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000049407	
1. Entity Name DOCFRYE MEDICAL, PA	

DO NOT WRITE IN THIS SPACE

REINSTATEMENT
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 720 S. Sapodilla Ave Suite, Apt. #, etc. PH-11		3. Mailing Address 720 S. Sapodilla Ave Suite, Apt. #, etc. PH-11	
City & State West Palm Beach, FL		City & State West Palm Beach, FL	
Zip 33401	Country USA	Zip 33401	Country USA

4. FEI Number 94 336 3309	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent	
Name DARRIN L. FRYE	
Street Address (P.O. Box Number is Not Acceptable) 720 S. Sapodilla Ave PH-11	
City WEST PALM BCH	FL Zip Code 33401

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Darrin L. Frye* **DARRIN L. FRYE MD** **5-23-03**
Signature, typed or printed name of registered agent and date, if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT DARRIN L. FRYE, MD 720 S. Sapodilla Ave PH-11 WEST PALM BCH, FL 33401	TITLE NAME STREET ADDRESS CITY - ST - ZIP	500020937925 06/17/03--01047--014 **300.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP of Clinical Operations SANDRA STRADER 720 S. Sapodilla Ave PH-11 WPB, FL 33401	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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DO NOT WRITE IN THIS SPACE


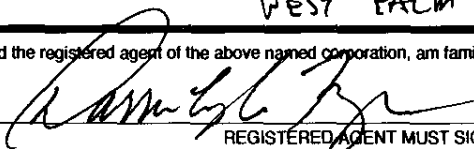
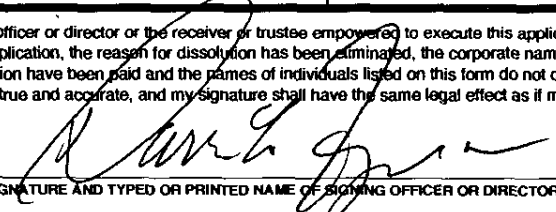
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Darrin L. Frye* **DARRIN LYLE FRYE** **5/23/03** **561-601-9393**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)

26/16

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P00000049407			
1. Corporation Name DOCFRME MEDICAL, PA			
2. Principal Office Address 720 S. Sapodilla Ave Suite, Apt. #, etc. PH-11 City & State WPB Zip FL 33401 Country USA		3. Mailing Office Address 720. South Sapodilla Ave. Suite, Apt. #, etc. PH-11 City & State West Palm Bch, FL Zip 33401 Country USA	
4. Date Incorporated or Qualified To Do Business in Florida 5/18/2000		5. FEI Number 943363309 Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status			
7. Name and Address of Current Registered Agent			
Name DARRIN L FRYE			
Street Address (P.O. Box Number is Not Acceptable) 720 S. Sapodilla Ave PH-11			
Suite, Apt. #, Etc.			
City WEST PALM BCH, FL		State FL	Zip Code 33401
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 5-23-03	
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
PR	DARRIN L. FRYE	720 S. Sapodilla Ave PH-11	WEST PALM BCH, FL 33401
VP	SANDRA F STRADER	720 S. Sapodilla Ave PH-11	WEST PALM BCH, FL 33401
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: 		Date 5-23-03 (SL) 601-9393	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

CR2E081 (10/02)

DEPARTMENT OF THE ARMY
90TH SUPPORT COMMAND
8000 CAMP ROBINSON ROAD
NORTH LITTLE ROCK, ARKANSAS 72118-2205

ORDERS M-034-0090

03 February 2003

FRYE DARRIN LYLE
720 S SAPODILLA AVE APT PH11
WEST PALM BCH, FL 33401-4164

510-60-3438 CPT
0807 MC BDE HHC MEDICAL BDE (WSAAAA)
SEAGOVILLE, TX 75159-3201

You are ordered to Active Duty as a member of your Reserve Component unit for the period indicated unless sooner released or unless extended. Proceed from your current location in sufficient time to report by the date specified. You enter active duty upon reporting to unit home station.

Report to: 0807 MC BDE HHC MEDICAL BDE (WSAAAA), 701 W. SIMONDS, SEAGOVILLE, TX 75159-3201 Report On: 03 February 2003

Report to: Fort Hood, Building 121, Reception Center, Fort Hood, TX 76544 Report On: 06 February 2003

Period of active duty: 365 Days

Purpose: Mobilization for ENDURING FREEDOM

Mobilization category code: "V"

Additional instructions: 01, 02, 03, 04, 05, 06, 07, 08, 09, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19

FOR ARMY USE

AUTHORITY: PERMANENT ORDERS 33-24 DATED 2 FEB 03 HQDA MSG 011551Z 3 FEB 03

Accounting classification:

2132010.0000 01-1100 P1W1C00 11**/12** VFRE F3203 5570 (FCA CODE) S99999
2132010.0000 01-1100 P2W2C00 11**/12** VFRE F3203 55700 (FCA CODE) S99999
2132020.0000 01-1100 P135198 21**/22**/25** VTER F3203 S99999

Sex: M

MDC: PM

PMOS/AOC/ASI/LIC: 60C

HOR: WEST PALM BCH, FL

PEBD: 17 September 2000

DOR: 10 August 1996

Security clearance: NONE

Comp: USAR

Format: 165

* OFFICIAL *
* 807TH MD HHC CBT *

DAVID T. DORROUGH
COL, AG
DCSPER

DISTRIBUTION: M1 PLUS
INDIVIDUAL CONCERNED (4)
FAMILY ASSISTANCE OFFICER (1)
MPRJ
FILE (ORIGINAL + 1)

DocFrye Medical, PA
720 South Sapodilla Avenue PH-11
West Palm Beach, FL 33401

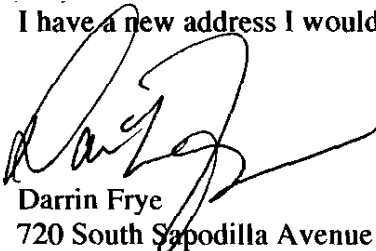
May 19, 2003

Dear Florida Division of Corporations:

I was activated by the US Army and mobilized for Operation Enduring Freedom. I did not receive my Uniform Business Report Information and did not file it timely.

I printed a generic form to which I am enclosing with the appropriate filing fee of \$150. I am requesting not to have to pay the reinstatement fee based on the fact that I did not receive the form and was called away to serve our Country.

I have a new address I would like my information to be sent. Thank you,



Darrin Frye
720 South Sapodilla Avenue PH-11
West Palm Beach, FL 33401

RE: P00000049407