

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

APPLICATION FOR



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

FILED

02 OCT 23 PM 3:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P0000058262

1. Corporation Name
D S MEDICAL SERVICES, INC.

Principal Place of Business Mailing Address
P.O. BOX 41303 P.O. BOX 41303
ST. PETERSBURG FL 33743-1303 ST. PETERSBURG FL 33743-1303



2002 UBR

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 06/09/2000 5. FEI Number 59-3664076 Applied For Not Applicable 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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	SHAFFER, DEBORAH R	P.O. BOX 41303	ST. PETERSBURG FL 33743

200008552112
10/23/02 01101-001 **150.00

8. Name and Address of Current Registered Agent: HALE, FRED H, 5650 PARK BLVD, PINELLAS PARK FL 33781-3354
9. Name and Address of New Registered Agent: 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 REGISTERED AGENT MUST SIGN Date

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: DEBORAH R. SHAFFER Date: 10-21-02 Daytime Phone #: (727) 343-1618

CRPE040 (8/02)

10-21-02

I have enclosed a check for \$150 for re-issuance of my Corporation. However I never received any prior notice of this. I called my accountant to see if he had because he is named as registered agent. He told me I was about the 20th call he had gotten from Chiro - that it seemed no one had received anything. I realize you only have my word to go on but I can't assure you I would have filed if I had known about it. Thank you for your consideration in this matter.

Quinn L. Shaffer
Owner/President
DS Medical Services Inc.