	PLEASE READ	ALL INS	RUCII	ON2	BEFURE C	OWPLET	ING THIS FU		190/2N	
			LORIDA DEPARTMENT OF STAT Katherine Harris Secretary of State			गाँचे, दिश्य के लेखक				
DIVISION OF CORPORATIONS							FILED			
DOCUMENT # P0000066490 1. Corporation Name						01 NOV 15 PN 6:31				
DAVID WEBSTER, M.D., P.A.							SECRETARY OF STATE TALLAHASSEE, FLORIDA			
							TALLAMASS	LL, FLOINE	/ FT	
Principal Place of Business Mailing Address						 	14 158 120 118 11 18 111 58 111 58 111	ERIJE BIJSĒ BIJAI BIE	ir (a)))	
			sea grove lane Lia island fl 32034							
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										
•		3. New Mailing Office Address, If App			4. Date Incorporated or Qualified To Do Business in Florida 07/11/2000			00		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. FEI Number					
City & State		City & State			6.	26262	//	Not Applicable		
Zip Country		Zip		Country	, ,	CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status				
7. Names and Street	Addresses of Each Officer and	I/or Director (Flo	orida nonprof							
Title(s) Name of Officers and/or Directors 2			Street Address of Each Officer and/or Director			City / State / Zip				
DPST DAV	DPST DAVID WEBSTER, M.D. 2741 SEA					ELANE AMELIA ISLAND, FL 32034				
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							$\left \right\rangle \left(\right)$	RPSI	mark to the second	
	*****								\$178	
			<u> </u>		T	0 No	Address of No. 19	*		
Name and Address of Current Registered Agent Name						9. Name and Address of New Registered Agent				
						P.O. Box Number	r is Not Acceptable)		RZE040 (8/01)	
225 WATER STREET SUITE 1800 Suite, Apt. #, Etc.										
JACKSONVILLE FL 32202						State Zip Code				
						I.P. P	**** 007.0505 F.O.	FL		
10. I, being appointe	d the registered agent of the at	ove named corp	oration, am 1	amiliar wi	th and accept the o	bligations of Sec	tion 607.0505, F.S.			
BY: MIRICA	HARD KEWIS, TR.	, V.P. Lax			osw.		* 1	1,01		
Signature of Registered Agent	J.K	, MA	DENIT MILET	SIGN	·	101	Date	112/01		
11 Loodify that Law	an officer or director or the rec	REGISTERED AC			this application as	provided for in ch	apter 607 or 617. F.S.	further certify the	nat when filing	
this reinstatemen	t application, the reason for dis- oration have been paid and the	solution has beer	n eliminated.	the corpo	rate name satisfies	the requirement	s of section 607.04 01 o	r 617.0401, F.S	., that all fees	
on this application	n is true and accurate, and my	signature shall ha	ave the same	e legal effe	ect as if made unde	r oath.	ν-/			

David Webst 11/5/0 (904 321 2684

Age with

2741 Sea Grove Lane Amelia Island, FL 32034

November 05, 2001

Shawn Toner Division of Corporations P.O. Box 6327 Tallahassee, FL 32314-6327

Dear Mr. Toner,

I appreciate your talking to me today and reassuring me that my corporation, David Webster, M.D. P.A., would be reinstated with a 150 dollar payment. I never received notification that payment was due nor that my corporation was about to be dissolved. Rep. Aaron Bean's office contacted you on my behalf.

I would appreciate it if you send me a follow up letter to confirm everything is resolved. Thank you very much your time and assistance to this matter.

Sincerely,

David Webster, MD

