PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P0000092579

1. Corporation Name

ROSEMARIE PANELLA ABAD, M.D., P.A.

Principal Place of Business

Mailing Address

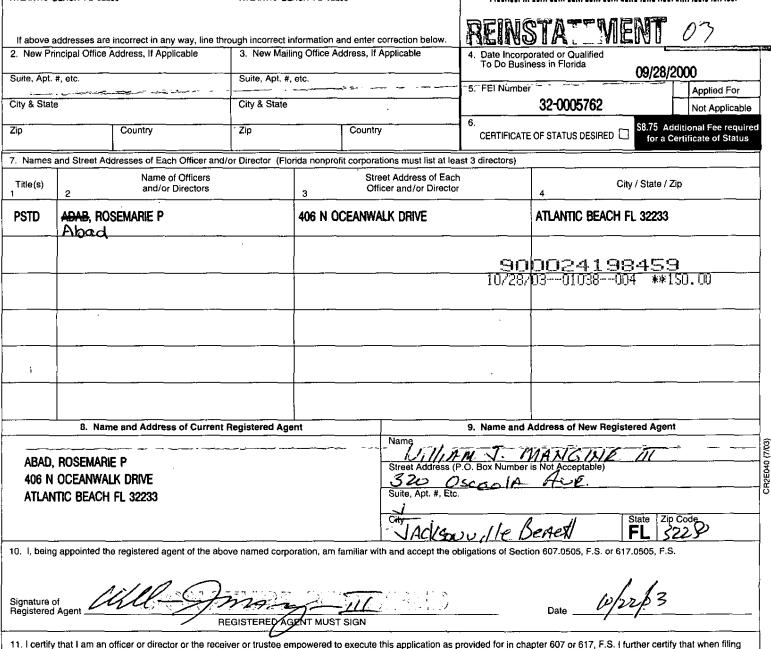
406 N OCEANWALK DRIVE ATLANTIC BEACH FL 32233

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FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA



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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

320 Osceola Avenue Jacksonville Beach, FL 32250 Phone 904/241-2533 Fax: 904/241-1604 www.triplechecktax.com

October 22, 2003

Division of Corporations Annual Report / Reinstatement Section Post Office Box 6327 Tallahassee, Florida 32314-6327

Re: Profit Corporation Annual Report

Rosemarie-Panella Abad, M.D., P.A.

Document P00000092579 .

Dear Madam or Sir:

Please see the attached Application for Reinstatement for the above referenced corporation. We are requesting a waiver of the late fee and ask that you accept the enclosed application and the original application fee of \$150.00, check #782.

Dr. Abad, President of Rosemarie Panella Abad, M.D., P.A., did not receive any notices prior to the Reinstatement notice. Dr. Abad has traveled during the past year doing volunteer work. Apparently the Notices were not forwarded to the Doctor as requested. Upon the return to her home and the receipt of the reinstatement notice the Doctor immediately contacted my office with a request for help. Over the past years Dr. Abad has tried to be timely in the filing and paying of government obligations, Federal and State.

Under penalties of perjury, I declare that I have examined this document and statement, and to the best of my knowledge and belief, they are true, correct, and complete.

Thank-you-for your-attention to this matter. Please contact me if you have any further questions.

Respectfully,

William J. Mangine III, EA

Enclosures:

Application for Reinstatement

Check # 782