

2006 FOR PROFIT CORPORATION REINSTATEMENT

192

FILED

06 DEC 20 AM 11:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



12202006 REIN-P CR2E098 (11/05)

DOCUMENT # P00000095224

1. Entity Name
ERIC NICHOLSON, M.D., P.A.



Principal Place of Business
1841
1843 FIDDLER CT
TALLAHASSEE, FL 32308

Mailing Address
1841
1843 FIDDLER CT
TALLAHASSEE, FL 32308

2. Principal Place of Business

1841 Fiddler Court
Suite, Apt. #, etc.

3. Mailing Address

1841 Fiddler Court
Suite, Apt. #, etc.
Tallahassee

City & State

Tallahassee Florida

City & State

Tallahassee Florida

Zip

32308

Country

Zip

32308

Country

4. FEI Number

59-3675507

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NICHOLSON, ERIC
1843 FIDDLER CT
TALLAHASSEE, FL 32308
1841

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Eric Nicholson

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

12-20-06

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2007, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME NICHOLSON, ERIC
STREET ADDRESS 1843 FIDDLER CT 1841
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Eric Nicholson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/20/06

Date

942-1848

Daytime Phone #

2072

Eric T. Nicholson, M.D., P.A.
Adult Infectious Diseases – Board Certified

1841 Fiddler Court · Tallahassee, Florida 32308
Phone: 850-942-1848 Fax: 850-216-2688

December 20, 2006

To Whom It May Concern:

Please be advised that I did not receive an Annual Report Notices form for the year 2006.
I am, therefore, requesting a waiver of the re-instatement fee. Thank You.

Sincerely,



Eric T. Nicholson, M.D.

ETK:kbi

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