

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 27 AM 11:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000023344**

1. Corporation Name

C. RON WILLIAMS, M.D., P.A.

Principal Place of Business

777 37TH STREET
B-107
VERO BEACH FL 32960

Mailing Address

777 37TH STREET
B-107
VERO BEACH FL 32960

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/06/2001

5. FEI Number

65-1085307

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	WILLIAMS, C. RON M.D.	105 CACHE CAY DRIVE	VERO BEACH FL 32963

400024103104

10/27/03--01021--025 **150.00

8. Name and Address of Current Registered Agent

DEC CONSULTANTS, INC.
5070 HIGHWAY A1A, NORTH
SUITE 221
VERO BEACH FL 32963

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: Ron Williams MD

REGISTERED AGENT MUST SIGN

Date

10/9/03

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)(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:

SIGNATURE: Ron Williams MD 10/9/03 772-778-1400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)

C. Ron Williams, M.D., P.A.
Indian River Walk-In Care

777 37th Street
Suite B-107
Vero Beach, FL 32960

Phone: 561-778-1400
Fax: 561-778-4626

Florida Department of State.
Glenn E. Hood
Secretary of State

To Whom It May Concern,

I have just been sent an application for reinstatement of my PA. The information/address contained on the form is correct. However, I did not receive a renewal packet from the department. I am requesting that the \$600 fee be **waived**. I am including \$150 check, since I have not received any information prior to this. I pay my bills in a timely fashion. I would not have disregarded a renewal. If you have any questions please feel free to contact me.

Sincerely,


C. Ron Williams M.D. PA.