

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR

FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

UBR

DOCUMENT # P01000038806

1. Corporation Name

PARKER MEDICAL SYSTEMS, INC.

Principal Place of Business

1905 C. MUNICIPAL LANE
MELBOURNE FL 32901

Mailing Address

1905 C. MUNICIPAL LANE
MELBOURNE FL 32901

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

2. New Principal Office Address, If Applicable

105 S. RIVERSIDE DR

Suite, Apt. #, etc.

Suite 121

City & State
INDIAN LANTIC FL

Zip
32903

Country
USA

3. New Mailing Office Address, If Applicable

105 S. RIVERSIDE DR

Suite, Apt. #, etc.

Suite 121

City & State
INDIAN LANTIC FL

Zip
32903

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

04/13/2001

5. FEI Number

59-371-3490

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
1	2	3	4
D	PARKER, SHAWN	1903 S. ATLANTIC ST., UNIT 212	MELBOURNE BCH FL 32951

8. Name and Address of Current Registered Agent

PARKER, SHAWN
1905 C. MUNICIPAL LANE
MELBOURNE FL 32901

105 S. RIVERSIDE DR.
Suite 121
INDIAN LANTIC FL 32903

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)(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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

321-956-4000

Daytime Phone #

11/26/2002

CR2EC40 (8/02)

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PARKER MEDICAL SYSTEMS, INC.

105 S. Riverside Dr.
Suite 121
Indialantic, FL 32903

Phone: (321) 956-4000
(800) 428-5380
Fax: (321) 726-0972

November 6, 2002

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: 59-3713490
Uniform Business Report

Dear Sir or Madam,

This letter is in regards to the document P01000038806, Application for Reinstatement, for Parker Medical Systems, Inc. I am writing to inform your office that I have never received the prior UBR notices for my company. Please contact my office with any questions you may have.

Respectfully,



Shawn K. Parker
President