

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FOR REINSTATEMENT

FILED

02 NOV -6 PM 2:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700008829547
11/06/02--01071--016 **150.00

DOCUMENT # P01000044898

1. Corporation Name

CHOICE MEDICAL MANAGEMENT SERVICES, INC.

Principal Place of Business

5951 CATTLERIDGE BLVD., STE. 200
SARASOTA FL 34232

Mailing Address

5951 CATTLERIDGE BLVD., STE. 200
SARASOTA FL 34232

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

2. New Principal Office Address, If Applicable

N/A

3. New Mailing Office Address, If Applicable

N/A

4. Date Incorporated or Qualified
To Do Business in Florida

05/03/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3742003

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
CEO	Tom Barrett	1408 Westshore Blvd. Suite 700	Tampa, FL 33607
Chairman	Andrew Olwert	5951 Cattleridge Blvd. Suite 200	Sarasota, FL 34232
V.P.	Sondra Seay	1408 Westshore Blvd. Suite 700	Tampa, FL 33607
Secretary	James N. McConnaughay	101 N. Monroe Street Suite 900	Tallahassee, FL 32301
Treasurer	Rich Noworyta	5951 Cattleridge Blvd. Suite 200	Sarasota, FL 34232

8. Name and Address of Current Registered Agent

MCCONNAUGHAY, JAMES N
101 N. MONROE ST., STE. 900
TALLAHASSEE FL 32302-0229

9. Name and Address of New Registered Agent

Name

Same - N/A

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

REGISTERED AGENT MUST SIGN

Date

11/5/02

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 James N. McConnaughay

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date Time Phone #

11/5/02

CR2E040 (8/02)

LAW OFFICES

MCCONNAUGHAY, DUFFY, COONROD, POPE & WEAVER, P.A.

PENSACOLA
316 S. BAYLEN STREET, SUITE 500
P.O. BOX 13570 (32591)
PENSACOLA, FL 32501-5999
850.434.7122
FAX 850.435.0924

PANAMA CITY
306 E. 19TH STREET
P.O. BOX 16669
PANAMA CITY, FL 32406
850.784.2599
FAX 850.769.5461

JACKSONVILLE
8381 DIX ELLIS TRAIL, SUITE 100
JACKSONVILLE, FL 32256
904.363.1950
FAX 904.363.1510

TALLAHASSEE
P.O. DRAWER 229 (32302-0229)
MONROE PARK TOWER, SUITE 900
101 NORTH MONROE STREET
TALLAHASSEE, FL 32301
850.222.8121
FAX 850.222.4359

GAINESVILLE
MERIDIEN CENTER
2790 N.W. 43RD STREET, SUITE 300
GAINESVILLE, FL 32606
352.378.4422
FAX 352.378.7826

OCALA
3220 S.W. 33RD ROAD
OCALA, FL 34474
352.840.0330
FAX 352.401.9518

FT. LAUDERDALE
550 WEST CYPRESS CREEK ROAD
SUITE 390
FT. LAUDERDALE, FL 33309
954.332.0050
FAX 954.332.0052

SARASOTA
1800 SECOND STREET, SUITE 954
SARASOTA, FL 34236-5930
941.955.6141
FAX 941.955.6244

ATLANTA
160 CLAIREMONT AVENUE
SUITE 500
DECATUR, GA 30030
678.891.0063
FAX 678.891.0070

www.mcconnaughay.com

PLEASE REPLY TO:
Tallahassee

November 5, 2002

Division of Corporations
Annual Report/Reinstatement Section
P. O. Box 6327
Tallahassee, FL 32314-6327

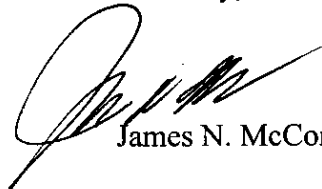
RE: Choice Medical Management Services, Inc.

Dear Sir or Madam:

Enclosed is a completed application for reinstatement and the UBR filing fee of \$150.00. Please be advised that the above corporation did not receive the two prior uniform business report notices. It would be appreciated if these notices could be sent to me as the registered agent for Choice Medical Management Services, Inc. at the address above.

Thank you for your consideration of this matter.

Sincerely,



James N. McConnaughay

JNM:csj
Enclosures