

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 10 AM 10:29

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P01000049718**

1. Corporation Name

CHRIS B. RATHBURN, M.D., P.A.

Principal Place of Business

3627 UNIVERSITY BLVD. SOUTH
STE 435
JACKSONVILLE FL 32216

Mailing Address

3627 UNIVERSITY BLVD. SOUTH
STE 435
JACKSONVILLE FL 32216

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

05/14/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3719433

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	RATHBURN, CHRIS B M.D.	3627 UNIVERSITY BLVD S STE 435	JACKSONVILLE FL 32216

100023709391
10/10/03--01053--014 **150.00

8. Name and Address of Current Registered Agent

INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVENUE, SUITE 3000
MIAMI FL 33131

9. Name and Address of New Registered Agent

Name Chris B. Rathburn, MD PA
Street Address (P.O. Box Number is Not Acceptable)
3627 University Blvd. S
Suite, Apt. #, Etc. # 435
City Jacksonville State FL Zip Code 32216

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

Chris B. Rathburn MD PA

REGISTERED AGENT MUST SIGN

Date 10.09.03

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:

Kathleen M. Rathburn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kathleen M Rathburn

Date

Daytime Phone #

904 306-9700

10.9.03 904 730-2153

CR2ED40 (7/03)

Chris B Rathburn MD PA
3627 University Blvd.S
Suite 435
Jacksonville, Florida

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

To whom it may concern,

I have just received this notice of administrative dissolution or revocation packet and immediately called your office. We never received any reports to mail, or any notices of revocation. This is the first mailings we have received and I am filing within two hours of receiving this report. I am going to use the overnight courier service so you should receive this report within 24 hours of my receiving it.

Thank you,



Kathleen Rathburn
Signing Officer

* I spoke with Andy !!