

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P01000053557

1. Corporation Name

CENTRAL FLORIDA MEDICAL CONSULTANTS INC.

Principal Place of Business

112 GOLF COURSE PKWY  
DAVENPORT FL 33837

Mailing Address

112 GOLF COURSE PKWY  
DAVENPORT FL 33837

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

2. New Principal Office Address, If Applicable

4084 GREYSTONE DR

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

4084 GREYSTONE DR

Suite, Apt. #, etc.

City & State

CLERMONT FL

Zip

34711

Country

City & State

CLERMONT FL

Zip

34711

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

05/22/2001

5. FEI Number

59-3741528

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	NOE, PATRICIA BRADFIELD, PATRICIA	112 GOLF COURSE PKWY 4084 GREYSTONE DR	DAVENPORT FL 33837 CLERMONT FL 34711

8. Name and Address of Current Registered Agent

SMITH, RONALD C  
38 TERRA COTTA WAY  
DESTIN FL 32541

9. Name and Address of New Registered Agent

Name

PATRICIA BRADFIELD

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

4084 GREYSTONE DR

Suite, Apt. #, Etc.

City

CLERMONT

State

FL

Zip Code

34711

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

11/10/02

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/10/02

CR2040 (8/02)

**CENTRAL FLORIDA MEDICAL  
CONSULTANTS, INC**  
4084 GREYSTONE DRIVE, CLERMONT, FL 34711

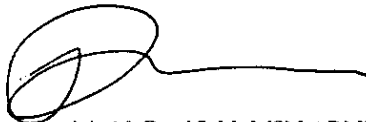
December 10, 2002

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee FL 32314

Subject: Reinstatement of Corporation – Central Florida Medical Consultants, Inc

Please reinstate Florida Corporation Central Florida Medical Consultants, Inc. The two prior uniform business report (UBR) notices were not received. The completed application for reinstatement and filing fee of \$150 are enclosed. Please note the corrected information on the reinstatement application.

Sincerely,



Patricia N. Bradfield, MSN, ARNP