

APPLICATION FOR REINSTATEMENT  FLORIDA DEPARTMENT OF STATE
Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 02 NOV 25 AM 11:33
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P01000054806**
 1. Corporation Name
EDUARDO A. SANCHEZ, M.D., P.A.

Principal Place of Business Mailing Address
 1667 ATLANTIC BLVD. JACKSONVILLE FL 32207
 1667 ATLANTIC BLVD. JACKSONVILLE FL 32207



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 06/04/2001 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. FEI Number 59-3722625 | |
| City & State | | City & State | | Applied For <input checked="" type="checkbox"/> Not Applicable | |
| Zip | Country | Zip | Country | 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 | SANCHEZ, EDUARDO A M.D. | 1667 ATLANTIC BLVD. | JACKSONVILLE FL 32207 |
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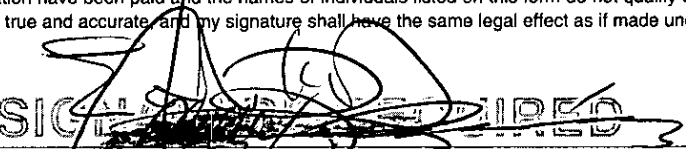
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|---|--|--|--------------------|
| 8. Name and Address of Current Registered Agent | | 9. Name and Address of New Registered Agent | |
| SANCHEZ, EDUARDO A M.D. 1667 ATLANTIC BLVD. JACKSONVILLE FL 32207 | | Name | |
| | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | Suite, Apt. #, Etc. | |
| | | City | State FL |

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** Date 10-22-02
 REGISTERED AGENT MUST SIGN

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** Date 10-22-02
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E040 (8/02)

Pg 20F2

Eduardo A. Sanchez, M.D., P.A.

Diagnostics, Treatment and Management of Psychiatric Health

October 22, 2002

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

Dear Sirs:

Pursuant to my telephone call to your office on this date, I hereby respectfully submit the following for your review and final consideration. On June 30, 2001 the undersigned removed himself from an existing medical practice at 1649 Atlantic Boulevard, Jacksonville, Florida 32207.

We have appealed several times to the U.S. Postal Service as our mail is constantly being erroneously delivered to our prior address and they do not give it to us. We are located geographically next door to one another and we are finally seeing the light at the end of the tunnel. WE NEVER RECEIVED YOUR ANNUAL REPORT FORM. However, yesterday, we received the administrative dissolution.

Herewith enclosed is our corporate check in the amount of \$150. and the application. If you have any questions or require any additional information please do not hesitate to contact this office; I will be glad to be of assistance.

Sincerely,


Eduardo A. Sanchez, M.D.

1667 Atlantic Boulevard • Jacksonville, FL 32207

(904) 399-1818 • Fax: (904) 399-3550

Physician certified by the American Board of Psychiatry and Neurology
Additional certification in Addiction Psychiatry