

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 17 AM 8:59

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

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	SANCHEZ, EDUARDO A M.D.	1667 ATLANTIC BLVD.	JACKSONVILLE FL 32207

REINSTATEMENT

8. Name and Address of Current Registered Agent

SANCHEZ, EDUARDO A M.D.
1667 ATLANTIC BLVD.
JACKSONVILLE FL 32207

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

Eduardo A. Sanchez

Date

10-14-03

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:

Eduardo A. Sanchez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-14-03 (904) 399-1818

CR2E040 (7/03)

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

Diagnostics, Treatment and Management of Psychiatric Health

October 14, 2003

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

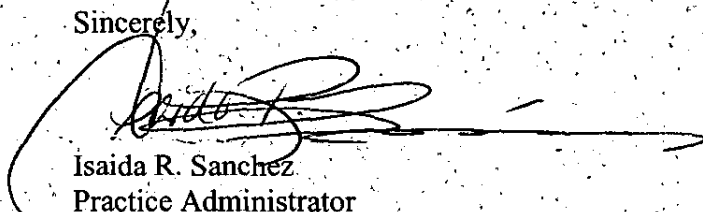
REF: Document #P01000054806
FEI# 59-3722625

Dear Sirs:

Pursuant to our telephone conversation, I am herewith enclosing check #1645 in the amount of \$150. for the reinstatement. I have also enclosed the certificate of administrative dissolution or revocation. I would like to draw your attention to the handwritten note on the reverse side "delivered to the wrong address". This has happened on multiple occasions. We moved from the building next door and it is a routine postal problem to have our mail delivered to the previous address. Although you addressed this correspondence to the correct address as you can see by the note, it was delivered to the wrong address.

I will await your prompt response to settle this issue, I remain,

Sincerely,



Isaida R. Sanchez
Practice Administrator

Enclosed: Certificate of Dissolution
Check #1645
Application for reinstatement

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*