

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 MAY 19 PM 3:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000058758

1. Corporation Name

Barbara Ioannides Rappaport, MD, PA

400075547404
05/31/06--01015--009 **450.00

2. Principal Office Address

8833 Perimeter Park Blvd

Suite, Apt. #, etc.

203

City & State

Jacksonville FL

Zip

32216-

Country

USA

3. Mailing Office Address

4011 Alesbury Dr

Suite, Apt. #, etc.

City & State

Jacksonville FL

Zip

32224

Country

USA

REINSTATEMENT 64-06
CR2E081 (12/05)

**4. Date Incorporated or Qualified
To Do Business in Florida**

6/13/01

5. FEI Number

59-3726870

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Barbara I Rappaport

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

8833 Perimeter Park Blvd

Suite, Apt. #, Etc.

203

City

Jacksonville

State

FL

Zip Code

32224

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

Date

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Barbara I Rappaport	4011 Alesbury Dr	Jacksonville FL 32224
	JRS/25		

10. 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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/16/06

Daytime Phone #

(904) 997-1100

May 15, 2006

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

Dear Sir or Madam,

I am writing concerning the annual report fees due for my corporation, Barbara Ioannides Rappaport, M.D., P.A. It recently came to my attention that the Dept. of State had an incorrect mailing address for my business. I have not received notices for the annual reports from 2004-2006. I have enclosed a check for \$450 for the annual report and corporate supplemental fees for the three years. I respectfully request that the \$600 reinstatement fee be waived.

If you have any questions or need additional information, please do not hesitate to contact me at (904) 571-4292.

Sincerely,



Barbara I. Rappaport, M.D.