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 16 PM 3:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000103714**

1. Corporation Name

ANIL GEORGE, M.D., P.A.

Principal Place of Business	Mailing Address
10386 CYPRESS LAKES DRIVE JACKSONVILLE FL 32256	~~10386 CYPRESS LAKES DRIVE~~ ~~JACKSONVILLE FL 32256~~

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

REINSTATEMENT 03

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 10/26/2001

5. FEI Number: 59-3761141 ☐ 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	GEORGE, ANIL M.D.	10386 CYPRESS LAKES DRIVE	JACKSONVILLE FL 32256
		580 West 8th St. # 808	Jax, FL 32209
		200023856622 10/16/03--01054--011 **150.00	

8. Name and Address of Current Registered Agent

INTRASTATE REGISTERED AGENT CORPORATION
10386 CYPRESS LAKES DRIVE
JACKSONVILLE FL 32256

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

CR2E040 (7/03)

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: 10/10/03
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: SIGNATURE REQUIRED — 10/16/03 — 904 244 9470
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ANIL GEORGE, MD
580 West 8th Street, #808, Jax, FL 32209 Tel: (904) 244-9470 Fax(904) 244-9471

Florida Department of State
Division of Corporations

To Whom It May Concern:

I am writing this letter to inform you that I did not receive previous UBR notices. The reason may be that you have the wrong address on file. Our business address is as listed above. Thanking you in advance for the reinstatement of the S corporation. Please don't hesitate to call us if you have any questions or concerns.

Sincerely yours,

Anil George, MD PA