

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P02000068683**

1. Corporation Name

**IMG PHYSICIANS SERVICES, INC.**

03 OCT -9 PM 1:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

ONE INDEPENDENT DRIVE SUITE 3201  
JACKSONVILLE FL 32202

Mailing Address

ONE INDEPENDENT DRIVE SUITE 3201  
JACKSONVILLE FL 32202



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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

06/21/2002

5. FEI Number

81-0561934

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.
C/D	Carter B. Bryan	One Independent Dr, #3201	Jax, FL 32202
P/D	W. Shane Hunt	One Independent Dr, #3201	Jax, FL 32202
CEO/D	Richard S. Drazien	One Independent DR, #3201	Jax, FL 32202
S/D	Sheldon C. Bryan	One Independent Dr, #3201	Jax, FL 32202

8. Name and Address of Current Registered Agent

**CHUNN, DOUGLAS D**  
~~225 WATER STREET SUITE 1250~~  
JACKSONVILLE FL 32202

9. Name and Address of New Registered Agent

Name

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

One Independent Drive

Suite, Apt. #, Etc.

Suite 3201

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

*Douglas D. Chunn*  
REGISTERED AGENT MUST SIGN

Date 10/8/03

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:

*R. L. D.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/9/03  
Date

Daytime Phone #

CR2E040 (7/03)



*For Your Family....For Your Practice....For Your Future*

October 9, 2003

Florida Secretary of State  
Divisions of Corporations  
Annual Reports/Reenstatement Section  
P.O. Box 6327  
Tallahassee, FL 32314-6327

Dear Sir or Madam:

IMG Physicians Services, Inc received your notice of Administrative Dissolution on Tuesday October 7, 2003. The required report was prepared by our accountants Presser, Lahnen & Edelman and submitted on April 25, 2003 along with the required check for \$150.00.

While investigating the dissolution notice I spoke with one of your account representatives and she verified that the report and funds had been received. She also indicated that a letter was sent to us, dated June 3, 2003, requesting a correction be made to the report. I conducted a search of our offices and requested that our accountants do the same. We have been unable to locate this letter.

As recommended by your agent we have completed the reinstatement form and request relief of the reinstatement fee since we did not receive you June 3<sup>rd</sup> letter. I have enclosed a copy of our check for your reference.

Please call me if I can assist you in any manner.

Sincerely,

H. D. Hively  
Dir. of Operations  
IMG Physicians Services, Inc.

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*Managing The Insurance & Financial Services Member Benefits for the Florida Medical Association*

3201 Independent Square • Jacksonville, Florida 32202

1-866-FMA-DOCS • Fax 904-354-4813

[www.fmaadvantage.org](http://www.fmaadvantage.org)