

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 002000076180

1. Corporation Name

Family Medicine Associates of the Emerald Coast, P.A.

2. Principal Office Address
36468 Emerald Coast Parkway,

3. Mailing Office Address
same

Suite, Apt. #, etc.
Suite 2101

Suite, Apt. #, etc.

City & State
Destin, Florida

City & State

Zip
32541

Country
USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida 7/12/2002

5. FEIN Number
320022440

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
Diana D. Carli

Street Address (P.O. Box Number is Not Acceptable)
4012 Commons Drive West,

Suite, Apt. #, Etc.
Ste 104

City
Destin

100099243731

04/30/07--01001--008 **1200.00

State
FL

Zip Code
32541

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

Diana D. Carli
REGISTERED AGENT MUST SIGN

Date 12-19-06

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
Pres	Ana Leurinda	4398 Old Bayou Trail	Destin, Florida 32541

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

Daytime Phone #

12-19-06 249-2186

FILED

2007 APR 20 AM 10:46

SECRET
TALLAHASSEE, FLORIDA

REINSTATEMENT 04-07

CR2E081 (12/05)