

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 # **P02000080038**

1. Corporation Name

**JAMES M. PORCELLI, M.D., P.A.**

Principal Place of Business

~~1540-C BUSINESS CTR. DR.  
ORANGE PARK FL 32003~~

Mailing Address

~~1540-C BUSINESS CTR. DR.  
ORANGE PARK FL 32003~~

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

2. New Principal Office Address, If Applicable

**1590 ISLAND LANE, Ste 1**

Suite, Apt. #, etc.

**ORANGE PARK, FLA**

City & State

Zip **32003**

Country **CLAY**

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

**1590 ISLAND LANE, Ste 1**

City & State

**ORANGE PARK, FLA.**

Zip **32003**

Country **CLAY**

4. Date Incorporated or Qualified  
To Do Business in Florida

**07/23/2002**

5. FEI Number

**74305-1759**

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
President	JAMES M. PORCELLI, M.D.	1590 ISLAND LANE, Suite 1	ORANGE PARK, FL. 32003

000023970810  
10/21/03--01062--020 \*\*150.00

8. Name and Address of Current Registered Agent

**PORCELLI, JAMES M MD  
1540-C BUSINESS CTR. DR.  
ORANGE PARK FL 32003**

9. Name and Address of New Registered Agent

Name **JAMES M. PORCELLI, M.D.**  
Street Address (P.O. Box Number is Not Acceptable)  
**1590 ISLAND LANE**  
Suite, Apt. #, Etc.  
**Suite 1**  
City **ORANGE PARK** State **FL** Zip Code **32003**

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

REGISTERED AGENT MUST SIGN

Date

**10/13/03**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**10/13/03** **904-278-0370**

CR2E040 (7/03)

James M. Porcelli, M.D. P.A.  
*Board Certified Internal Medicine*

Internal Medicine / Family Practice / Geriatric Care

272

October 13, 2003

Florida Department of State  
Division of Corporations  
Annual report/Reinstatement Section  
PO Box 6327

---

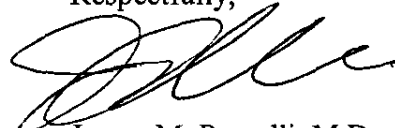
RE: Corporation of James M. Porcelli, M.D. P.A  
DOCUMENT NO: PO2000080038

To Whom It Concerns:

This is to inform you that I **did not receive** the prior applications for reinstatement that were mailed to my office. In January of this year, I moved to another location and, unfortunately, not all of my mail was forwarded on to me from my previous address. My office manager, Christine Sullivan, RN, informed your office of this fact earlier today and we were advised to send this letter along with the completed application and \$150.00

Thanking you in advance for your assistance in this matter.

Respectfully,



James M. Porcelli, M.D.