


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 2004

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P02000110559**

1. Corporation Name
Physician's Practice Management, Inc.

2. Principal Office Address 800 Prudential Drive		3. Mailing Office Address 800 Prudential Drive	
Suite, Apt. #, etc. 4 North Main Bldg.		Suite, Apt. #, etc. 4 North Main Bldg.	
City & State Jacksonville, FL		City & State Jacksonville, FL	
Zip 32207	Country Dural	Zip 32207	Country Dural

REINSTATEMENT 04-05
CR2E081 (8/05)

4. Date Incorporated or Qualified To Do Business in Florida 10/11/2002	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. FEI Number 57-1142275		
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name William E Doyle
Street Address (P.O. Box Number is Not Acceptable) 2002 Southside Blvd.
Suite, Apt. #, Etc. Ste 201
City Jacksonville, FL
State FL
Zip Code 32216

100061222371
11/08/05--01002--013 **300.00

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 **William E. Doyle, Agent** Date **10/28/05**
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	J. Daniel Grigas	1922 River Road	Jacksonville, FL 32207
D	Richard A. Reid	1111 Brookwood Rd.	Jacksonville, FL 32207
D	Frederick L. Trent	313 Royal Tern Rd N	Ponte Vedra Bch, FL, 32082
D	Robert J. Sottler	2829 South Mill Estates Dr.	Jacksonville, FL 32257
D	Andrew M. Naven	7851 Heather Lk CTE	Jacksonville, FL 32256
		Mules	

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 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: **William E Doyle** Date **10/28/2005** 904 - **202-2903**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

Physician's Practice Management, Inc.
800 Prudential Drive • Jacksonville, Florida 32207
904-202-2963

October 27, 2005

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

RE: Document Number P02000110559

Dear Sir or Madam:

Physician's Practice Management, Inc., original date filed 10/11/2002, was rendered inactive by administrative dissolution for annual report. The corporation did not receive notification and therefore did not file an annual report for years 2004 and 2005.

Please accept the enclosed check for \$300 to reinstate Physician's Practice Management, Inc. Annual reports for 2004 and 2005 are attached. Please waive the reinstatement fee, as the corporation did not receive notification for filing.

If you have questions, please contact Carolyn Ivey at 904-202-2503. Thank you for your help resolving this issue.

Sincerely,



Richard A. Reid, MD
Director