

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 27 AM 11:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000112309

1. Corporation Name

FLORIDA INSTITUTE OF MEDICAL RESEARCH, INC.

Principal Place of Business

820 PRUDENTIAL DRIVE STE 111
JACKSONVILLE FL 32207

Mailing Address

820 PRUDENTIAL DRIVE STE 111
JACKSONVILLE FL 32207

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

10/17/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

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
D	FLORETE, ORLANDO G JR	820 PRUDENTIAL DRIVE STE 111	JACKSONVILLE FL 32207

300024103033
10/27/03 01021-023 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BRILEY, D RANDALL
135 PROF DRIVE STE 1017
PONTE VEDRA BEACH FL 32082

Name

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

Suite, Apt. #, Etc.

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

D Randall Briley
REGISTERED AGENT MUST SIGN

Date 10/9/03

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

ORLANDO G. FLORETE

Date

10/9/03

Daytime Phone #

904-306-9860

CR20040 (7/03)

Institute of Pain Management, P. A.

Orlando G. Florete, Jr., M.D., Director

*Jawed Hussain, M.D.
Perry Cole, M.D.
Roberto Saucedo, M.D.
Dennis George, M.D.
Bernard Canlas, M.D.*

*Alexander Pujol, P.A.-C.
T. C. Drake, P.A.-C.
Raphael Reyes, P.A.-C.
Loubens Jean-Louis, P.A.-C.*

10/16/03

Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, Fl. 32314-6327

Re: Document #P02000112309
Florida Institute of Medical Research, Inc.

Dear Sirs:

We did not receive our original Uniform Business Report notices and are requesting reinstatement without penalty.

Sincerely,


Orlando G. Florete, President