

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 # P92000003131

1. Corporation Name

FIRST COAST MEDICAL PHYSICS CORPORATION

Principal Place of Business

38 17TH STREET
ATLANTIC BEACH FL 32233

Mailing Address

38 17TH STREET
ATLANTIC BEACH FL 32233

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

11/04/1992

5. FEI Number

59-3151423

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

3

Street Address of Each
Officer and/or Director

City / State / Zip
4

D

LUTHMANN, ROBERT W

38 17TH STREET

ATLANTIC BEACH FL 32233

8. Name and Address of Current Registered Agent

LUTHMANN, ROBERT W
38 17TH STREET
ATLANTIC BEACH FL 32233

9. Name and Address of New Registered Agent

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

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

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:

Robert W. Luthmann
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/17/03

Date

904-477-7952

Daytime Phone #

FILED
03 NOV 17 AM 10:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT



300024743823

11/17/03-01018-017 **150.00

CR2E040 (7/03)

FIRST COAST MEDICAL PHYSICS CORPORATION

Robert W. Luthmann, Ph.D.
Medical Physicist
Board Certified American Board of Radiology

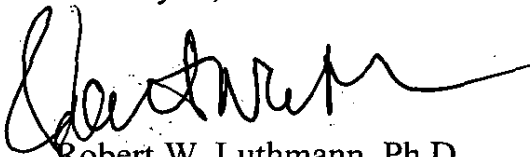
38 17th Street
Atlantic Beach, FL. 32233
(904)477-7952

Florida Department of State
Division of Corporations
P.O. Box 6327 .
Tallahassee, FL 23214

To Whom It May Concern:

This letter is to confirm that prior UBR notices concerning the dissolution of this corporation were not received. Attached please find the completed reinstatement application and filing fee.

Thank you,



Robert W. Luthmann, Ph.D.
President