

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P92000014347

1. Corporation Name

FLORIDA MEDICAL QUALITY ASSURANCE, INC.

Principal Place of Business

4350 W. CYPRESS ST.
WEST SHORE PLACE 1, STE. 900
TAMPA FL 33607

Mailing Address

4350 W. CYPRESS ST.
WEST SHORE PLACE 1, STE. 900
TAMPA FL 33607

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

12/28/1992

5. FEI Number

59-3155017

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PAT	BARNETT, JENNIFER L.G. ROBINSON	4350 W. CYPRESS ST., W.SHORE PL.	TAMPA FL 33607
C	FUAD, ASHKAR M	4350 W CYPRESS ST WESTSHORE PL1	TAMPA FL 33607
T	STOFFEL, JACK	4350 W. CYPRESS ST., W.SHORE PL.	TAMPA FL 33607
S	OTTAVIANI, ANTHONY DO	4350 W. CYPRESS ST., W.SHORE PL.	TAMPA FL 33607
AS	LINDSEY, TERRELL H	ONE PERIMETER PARK SOUTH, STE. 2	BIRMINGHAM AL 35243
VC	MICHELMAN, MARK MD	4350 W. CYPRESS ST., W. SHORE PL	TAMPA FL 33607

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	800003050528--5
Suite, Apt. #, Etc.	-11/22/93--01017--022
City	***750.00 ***750.00
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.

Signature of
Registered Agent

L. Robinson

REGISTERED AGENT MUST SIGN

Date 11/8/99

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:

L. Robinson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/8/99

Daytime Phone #

FILED

99 NOV 10 AM 11:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

CR25040 (8/99)