

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

DOCUMENT #

93000054445

1 Corporation Name

JOHN Mc PHERSON, M.D., P.A.

96 DEC 31 PM 3:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

2999 South Highway A-1-A  
MELBOURNE BEACH, FLORIDA 32951

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable

3. New Mailing Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

JULY 28, 1996

Suite, Apt #, etc.

Suite, Apt #, etc.

5. FEI Number

Applied For

Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED

Additional Fee required  
for a Certificate of Status

Zip

Country

Zip

Country

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	JOHN Mc PHERSON, M.D.	2999 South Highway A-1A	MELBOURNE BEACH, FLORIDA 32951

600002046706--8  
-01/06/97--01025--013  
\*\*\*\*783.75 \*\*\*\*783.75

REINSTATEMENT 1996  
A. Ulman  
12/31/96

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name  
DAVID W. DYER, P.A.  
Street Address (P.O. Box Number is Not Acceptable)  
325 Fifth Ave.  
Suite, Apt. #, Etc.  
Suite 205  
City  
Indianantic.  
State FL Zip Code 32903

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

*David W. Dyer*

REGISTERED AGENT MUST SIGN

Date 12/16/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No

(See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:

*John R. McPherson* M.D. / JOHN R. McPHERSON, M.D.

Date

Daytime Phone #

(407) 7266119

CR2E040 (12/95)