

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

DOCUMENT #P93000055484

1. Corporation Name
Quality Medical Coordination Services, Inc.

Principal Place of Business
200 South Hoover Blvd
Suite #135
Tampa, Florida 33609

Mailing Address
← same as principal place of business

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 1/1/97
No longer have P.O. Box #8

4. Date Incorporated or Qualified To Do Business in Florida
08/04/1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-3197394

Not Applicable

Zip

Country

Zip

Country

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
President	Sandra C. Landon	220 South Hoover Blvd Suite #135	Tampa, FL 33609
Executive Vice President	Arlene Kaell Gregory	220 South Hoover Blvd Suite #135	Tampa, FL 33609
Secretary	Mary Ann Hill	220 South Hoover Blvd Suite #135	Tampa, FL 33609
Treasurer	Beatrice Kline	220 South Hoover Blvd Suite #135	Tampa, FL 33609

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~Douglas S. Gregory & Spence, P.A.~~
442 West Kennedy Blvd.
Suite 220
Tampa, FL 33606

Name
DOUGLAS S. GREGORY
Street Address (P.O. Box Number is Not Acceptable)
442 West Kennedy Blvd.
Suite, Apt. #, Etc.
340
City
TAMPA
State
FL
Zip Code
33606

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

REGISTERED AGENT MUST SIGN

Date 4 June 1998

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information on intangible tax.)

12. 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:

Arlene Kaell Gregory Vice President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/3/98 (813) 282-9888
Date Daytime Phone #

Quality Medical Coordination Services ²

200 South Hoover Blvd. • Suite 135 • Tampa, Florida 33609
(813) 282-9888 • (800) 298-9888 • Fax: (813) 282-9770

June 3, 1998

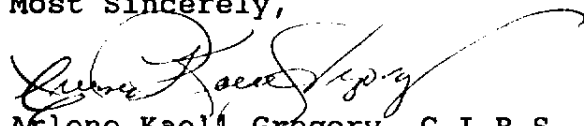
DEPARTMENT OF STATE
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

To Whom It May Concern:

Enclosed please find our completed application for reinstatement. We are requesting you waive the \$900.00 fee in favor of the amount submitted of \$315.00 because we never received the renewal information. We terminated the use of the P.O. Box as of 10/1/96 and note our mailing address on the Corporate Detail Record Screen shows the P.O. Box.

Thank you so much for our consideration in this matter. Should you have any questions or need additional information, please feel free to contact me at 1-800-298-9888.

Most Sincerely,



Arlene Kaell Gregory, C.I.R.S.
Executive Vice President
QMCS - Tampa, FL

AKG:njp

Enclosure