

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

98 DEC 14 PM 12:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000085190

1. Corporation Name

EMERGENCY CARE PHYSICIANS, INC.

Principal Place of Business

132 GULFSIDE DR.
ISLAMORADA FL 33036
US

Mailing Address

132 GULFSIDE DR.
ISLAMORADA FL 33036
US

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

2. New Principal Office Address, If Applicable

P.O. Box 2848

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

P.O. Box 2848

Suite, Apt. #, etc.

City & State

KEY LARGO, FL

City & State

KEY LARGO, FL

Zip

33037

Country

MONROE

Zip

33037

Country

MONROE

REINSTATEMENT

98

4. Date Incorporated or Qualified
To Do Business in Florida

12/14/1993

5. FEI Number

65-0453607

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	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PS	SPERRY, BRENT A.	132 GULFSIDE DR.	ISLAMORADA FL

100002716931--6
-12/21/98--01003--016
****750.00 ****750.00

8. Name and Address of Current Registered Agent

SPERRY, BRENT A.
132 GULFSIDE DR.
ISLAMORADA FL 33036

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.

Signature of
Registered Agent

BSMm IF REQUIRED

REGISTERED AGENT MUST SIGN

Date

12/9/98

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:

BSMm IF REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRENT A. SPERRY

Date

Daytime Phone #

D.O. 12/9/98

305 453
4276

CR2E040 (9/98)