

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 # P94000001162

1. Corporation Name

ASSOCIATED MEDICAL CONSULTANTS, INC.

Principal Place of Business

Mailing Address

13061 SABAL CHASE
PALM BEACH GARDENS FL 33418

13061 SABAL CHASE
PALM BEACH GARDENS FL 33418

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/06/1994

5. FEI Number

65-0464939

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 3	City / State / Zip 4
P	OBERLINK, CHRISTINE	13061 SABAL CHASE	PALM BEACH GARDENS FL 33418

600035733126
05/07/04--01018--003 **150.00

600035733126
07/13/04--01032--001 **758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ROSEN, LAWRENCE N
2925 AVENTURA BOULEVARD, SUITE 308
AVENTURA FL 33180

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

Lawrence Rosen

Date

7/1/04

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:

Christine Oberlink
Christine Oberlink President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/30/04

Daytime Phone #

561-346-2091

REINSTATEMENT 03-04



FILED
04 JUL 13 AM 9:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2040 (7/03)