

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

96 NOV 18 AM 11:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000038407**

1. Corporation Name

ST. LUCIE MEDICAL BILLING, INC.

Principal Place of Business

Mailing Address

6640 SOUTH US ONE
PORT SAINT LUCIE FL 34952

5711 Spruce DR
FT. PIERCE, FL 34982

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

5711 SPRUCE DR.
Suite, Apt. #, etc.

3. New Mailing Office Address, if Applicable

5711 SPRUCE DR
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

05/20/1994

5. FEI Number

65-0581352

Applied For

Not Applicable

City & State

FT. PIERCE, FL

City & State

FT. PIERCE, FL

Zip

34982

Country

Zip

34982

Country

CERTIFICATE OF STATUS DESIRED ☐

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
D	WALLER LESUE	5711 SPRUCE DR	FT PIERCE FL 34982
P	JAN MILLER		

200002010652--0
-11/21/96--01019--005
***575.00/11/21/96

REINSTATEMENT
11-1-96

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WALLER, LESUE
6640 SOUTH US ONE
PORT SAINT LUCIE FL 34952

Name
JAN MILLER
Street Address (P.O. Box Number is Not Acceptable)
5711 SPRUCE DR
Suite, Apt. #, Etc.
FT. PIERCE FL
City
State
FL
Zip Code
34982

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0506, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 11-1-96

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. 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.)

13. 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:

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

Date 11-1-96
Daytime Phone #