

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
FLORIDA DEPARTMENT OF STATE  
Sanjay E. Fortson  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000059706

1. Corporation Name

National Medicine Center - Groveland, Inc.

Principal Place of Business

4506 L.B. McLeod Road  
Suite F  
Orlando, FL 32811

Mailing Address

P.O. Box 536576  
Orlando, FL 32853-  
6576

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Is the corporation or qualified  
to do business in Florida?

August 10, 1994

5. FEI Number

59-3260476

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P/D	Stephen P. Griggs	4506 L.B. McLeod Road, Suite F	Orlando, FL 32811
S/T/D	Rebecca R. Irish	4506 L.B. McLeod Road, Suite F	Orlando, FL 32811

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-09/10/97--01085--001  
\*\*\*1080.00 \*\*\*1080.00

8. Name and Address of Current Registered Agent

Stephen P. Griggs  
4506 L.B. McLeod Rd., Suite F  
Orlando, FL 32811

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

*Stephen P. Griggs*

REGISTERED AGENT MUST SIGN

Date

9/2/97

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 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:

*Stephen P. Griggs*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/2/97  
Date

800-342-0416  
Daytime Phone #

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

97 SEP -5 PM 2:51

APPROVED  
AND  
FILED