

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 DEC 26 PM 12:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000060346

1. Corporation Name

OCALA VASCULAR CLINIC, INC.

Principal Place of Business

Mailing Address

1515 E. SILVER SPRINGS BLVD. STE. #W110
OCALA FL 34470

1515 E. SILVER SPRINGS BLVD.. STE. #W110
OCALA FL 34470

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

2. New Principal Office Address, If Applicable

2170 MAIN ST.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SARASOTA, FL.

City & State

Zip

34237

Country

SARASOTA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/17/1994

5. FEI Number

59-3260045

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$9.75 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	RYAN, WILLIAM Don Edwards	1600 S.W. ARCHER ROAD SARASOTA, FL 34237	MICANOPY FL SARASOTA, FL 34237
ST	RYAN, ALMA Michael Della Donna	1600 S.W. ARCHER ROAD SARASOTA, FL 34237	MICANOPY FL SARASOTA, R. 34237

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****383.75 ****383.75

REINSTATEMENT 1996

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8. Name and Address of Current Registered Agent

RYAN, WILLIAM R
1600 S.W. ARCHER ROAD
DIV. OF LEGAL SERVICES BOX 100303
GAINESVILLE FL 32610

9. Name and Address of New Registered Agent

Name Donald Edwards
Street Address (P.O. Box Number is Not Acceptable)
2170 MAIN ST.
Suite, Apt. #, Etc.

City SARASOTA

State FL

Zip Code 34237

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

Donald Edwards
REGISTERED AGENT MUST SIGN

Date Dec 23, 96

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:

Donald Edwards
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dec 23, 96
Date