

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000078379

1. Corporation Name

ALLIANCE MEDICAL PRACTICES, INC.

Principal Place of Business

4300 NW 89 BLVD.  
GAINESVILLE FL 32606  
US

Mailing Address

P.O. BOX 749  
GAINESVILLE FL 32602-0749

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

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. Date Incorporated or Qualified  
To Do Business in Florida

10/25/1994

5. FEI Number

59-3271350

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	City / State / Zip
P	RANKIN, LES	2772 N.W. 43 STREET, SUITE M 4300 NW 89 BLVD.	GAINESVILLE FL 32606
<del>D</del>	<del>MOFFAT, JAMES</del>	<del>4300 N.W. 89TH BLVD.</del>	<del>GAINESVILLE FL 32602</del>
D	Jack Durrance	4300 NW 89 Blvd	Gainesville, FL 32606
D/C	William Andrews	4300 NW 89 Blvd	Gainesville, FL 32606
D/H	Catherine E. Ayers	4300 NW 89 Blvd	Gainesville, FL 32606
D	Julian Cotter, MD	4300 NW 89 Blvd	Gainesville, FL 32606
D	Arnold Dinkins	4300 NW 89 Blvd	Gainesville, FL 32606

8. Name and Address of Current Registered Agent

DEMONTMOLLIN, STEPHEN J  
4300 N.W. 89TH BLVD.  
GAINESVILLE FL 32606

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 J. Demontmollin*  
REGISTERED AGENT MUST SIGN

Date

10/15/01

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Les C Rankin*

Date

Daytime Phone #

100004672931--4  
-11/08/01--01064--017  
\*\*\*\*758.75 \*\*\*\*758.75

10/15/01