

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P94000081587

1. Corporation Name

INDEPENDENT PHYSICIANS ASSOCIATION REGION IX, INC.

Principal Place of Business

Mailing Address

2051 45TH ST.
101
WEST PALM BEACH FL 33407
US

2051 45TH ST.
101
WEST PALM BEACH FL 33407
US

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

11/07/1994

5. FEI Number

65-0540678

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
D	MASSOUMI, MAS G MD	1500 NORTH DIXIE HWY #104	WEST PALM BEACH FL 33401
D	SMITH, J R	515 S FEDERAL HWY	BOYNTON BEACH FL
D	SELTZER, PAUL	2051 45TH ST	W PALM BCH FL 33407
			800004679408--9 -11/15/01--01001--013 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BONITATIBUS, PETER N
1515 N. FEDERAL HWY #222
BOCA RATON FL 33432

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

REGISTERED AGENT MUST SIGN

Date

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

Date

Daytime Phone #