

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

H97000000837

1997 JUN 15 PM 2:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

DOCUMENT # P94000085631

1. Corporation Name
Liberti Practice Management, Inc.

Principal Place of Business	Mailing Address
326 Belcher Road North Clearwater, FL 34625	326 Belcher Road North Clearwater, FL 34625

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

2. New Principal Office Address, If Applicable: **19321 U.S. Hwy. 19, North**

Suite 605
Clearwater, FL

34624 USA

3. New Mailing Address, If Applicable: **19321 U.S. Hwy. 19, North**

Suite 605
Clearwater, FL

34624 USA

4. Date incorporated or qualified
to do business in Florida:
11/23/94

5. FEI Number
59-3328376

Applied For
Not Applicable

6. FEE: **53.75 Additional Fee required**

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
P/S/T	Frank Liberti, D.C.	19321 U.S. Hwy. 19, North Suite 605	Clearwater, FL 34624
D	Frank Liberti, D.C.	19321 U.S. Hwy. 19, North Suite 605	Clearwater, FL 34624

REINSTATEMENT 96-97
SCC 1-15-97

8. Name and Address of Current Registered Agent

Bruce M. Harlan
326 Belcher Road North
Clearwater, FL 34625

9. Name and Address of New Registered Agent

Name
Michael G. Little
Street Address (P.O. Box Number is Not Acceptable)
911 Chestnut Street
Suite, Apt. #, Etc.
City
Clearwater, State
FL Zip
34616

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
Michael G. Little

Date **1/8/98**

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 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 warrant 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, no reason for revocation 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: **Frank Liberti, D.C.**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(813) 539-1941
Date
Daytime Phone #

H97000000837

01/15/97 11:38

813 441 8617

JOHNSON BLAKELY



#P94000085631

(Untitled)

1/15/97

FLORIDA DIVISION OF CORPORATIONS
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DIVISION OF CORPORATIONS

FAX #: (904) 922-4000

: JOHNSON, BLAKELY, POPE, BOKER, RUPPEL & BURN
CONTACT: KRISTEN DECLEENE
PHONE: (813) 461-1818

ACCT#: 076666002140

FAX #: (813) 441-8617

: LIBERTI PRACTICE MANAGEMENT, INC.

AUDIT NUMBER.....H97000000837

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