

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

01 MAR 14 PM 12:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000023926

**1. Corporation Name**

Memorial Medical Development, Inc.

**2. Principal Office Address**

1201 Monument Road

**3. Mailing Office Address**

P.O. Box 40142

Suite, Apt. #, etc.

Suite #300

Suite, Apt. #, etc.

City & State

Jacksonville, Florida

City & State

Jacksonville, Florida

Zip

32225

Country

USA

Zip

32203

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

3/23/1995

**5. FEI Number**

59-3305905

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☐**

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT** 00-01

**7. Name and Address of Current Registered Agent**

Name

Dale A. Beardsley, Esq.

600003911736-5

Street Address (P.O. Box Number is Not Acceptable)

12 East Bay Street

03/27/01-01044-012  
\*\*\*\$300.00 \*\*\*\$300.00

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32202

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

3/7/01

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/S/D	Robert Irion	1201 Monument Road, Suite #300	Jacksonville, FL 32225
VP/T/D	Kathleen Daughtry	1201 Monument Road, Suite #300	Jacksonville, FL 32225

**10. 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)(l), 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

3/7/01

(904) 509-9761

Daytime Phone #