

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC -9 PM 12:53

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

1201 Monument Road

Suite, Apt. #, etc.

Suite #300

Suite, Apt. #, etc.

Suite #300

City & State

Jacksonville, Florida

City & State

Jacksonville, Florida

Zip

32225

Country

USA

Zip

32225

Country

USA

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

March 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

7. Name and Address of Current Registered Agent

Name

Dale A. Beardsley, Esq.

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

4595 Lexington Avenue

Suite, Apt. #, Etc.

Suite #100

City

Jacksonville

State
FL

Zip Code

32210

200009419042
12/09/02 01050-035 ** 50.00

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 December 5, 2002

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
PSD	Robert Irion	1201 Monument Road, Suite #300	Jacksonville, Florida 32225
VTD	Kathleen Daughtry	1201 Monument Road, Suite #300	Jacksonville, Florida 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)(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:

Kathleen Daughtry
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kathleen Daughtry

12/6/02 (904) 509-6322

Date

Daytime Phone #

CR2ED81 (9/01)

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Memorial Medical Development, Inc.
1201 Monument Road
Suite #300
Jacksonville, Florida 32225

December 5, 2002

Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

Re: Corporation Reinstatement

Gentlemen:

Please accept this letter as our warranty and representation that our corporation did not receive any of the notices or notice with respect to the Annual Report or any Annual Report for the year 2002.

Please find enclosed our Corporation Reinstatement form completed, together with a check in the amount of \$150.00 for reinstatement.

Please advise me if you require any further information.

Sincerely,

Luetha Ingber
Kathleen Daugherty