

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 16 AM 8:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000023926

1. Corporation Name

MEMORIAL MEDICAL DEVELOPMENT, INC.

2. Principal Office Address

34 ARLINGTON RD SOUTH

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

Zip

32216

Country

US

3. Mailing Office Address

34 ARLINGTON RD SOUTH

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

Zip

32216

Country

US

REINSTATEMENT 03

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

03/23/1995

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

ROBERT K. IRION SR.

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

34 ARLINGTON RD SOUTH

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32216

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

12/11/03

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 K. IRION SR.	34 ARLINGTON RD SOUTH	JACKSONVILLE, FL 32216
VTD	KATHLEEN DAUGHTRY	34 ARLINGTON RD SOUTH	JACKSONVILLE, FL 32216

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT K. IRION SR.

Date

12/11/03

Daytime Phone #

904-722-9994