

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # **P95000043702**

1. Corporation Name

**FLORIDA MEDICAL SYSTEMS, INC.**

Principal Place of Business

1451 CYPRESS CREEK RD.  
STE 300  
FT. LAUDERDALE FL 33309

Mailing Address

1451 CYPRESS CREEK RD.  
STE 300  
FT. LAUDERDALE FL 33309

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

05/30/1995

5. FEI Number

65-0585308

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

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 (Do NOT Use Post Office Box Numbers)	City / State / Zip
1. P.D.	SALAMONE, JAMES	12280 NW 30TH PL	SUNRISE FL 33323
V.D.	BERNARDUCCI, KENT	9205 AFFIRMED LA.	BOCA RATON FL 33488
<del>ST</del>	<del>DIETRICH, JOSEPH</del>	<del>10333 NW 10TH ST.</del>	<del>ORLANDO FL 32817</del>
ST	MCCANN, JANE	12280 NW 30 PLACE	SUNRISE FL 33323

**REINSTATEMENT**  
*[Signature]*

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MCCANN, JANE 1451 CYPRESS CREEK RD. <del>STE 300</del> <del>FT. LAUDERDALE FL 33309</del>	Name Street Address (P.O. Box Number is Not Acceptable) 12280 NW 30 PLACE Suits, Apt. #, Etc. City SUNRISE State FL Zip Code 33323
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*address change only!!*

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0506, F.S.

Signature of  
Registered Agent

*[Signature]*  
**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date *10/21/96*

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 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 REQUIRED**  
*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*9-26-96*  
Date Daytime Phone #