

DEC-29-2003 13:58

TRENAM KEMKER

1 813 229 6553 P.02

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING (H03000342808 3)))

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000044637			
1. Corporation Name Practice Management Partners, Inc.			
2. Principal Office Address 2100 Gulf Blvd.#12		3. Mailing Office Address 2100 Gulf Blvd.#12	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Belleair Beach, FL		City & State Belleair Beach, FL	
Zip 33786	Country USA	Zip 33786	Country USA

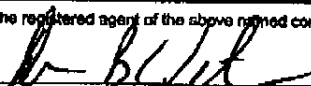
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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 (((H03000342808 3)))

REINSTATEMENT	
4. Date incorporated or qualified To Do Business in Florida	06/09/1995
5. FEI Number 59-3318719	Applied For ☐ Not Applicable ☐
6. CERTIFICATE OF STATUS DESIRED ☐ 68.75 Addition of Fee for for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name Don B. Weinbren	
Street Address (P.O. Box Number is Not Acceptable) 101 East Kennedy Blvd.	
Suite, Apt. #, Etc. Suite 2700	
City Tampa	State FL
	Zip Code 33602

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 **12/29/03**

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
PD	Flynn, Michael P M.D.	2100 Gulf Blvd.#12	Belleair Beach, FL 33786

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



Michael P. Flynn, President

Date **12/29/03** (727) 593 3295

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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TOTAL P.02

2052

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0384

From:

Account Name : TRENAM, KEMKER, SCHARF, BARKIN, FRYE, O'NEILL & MULLIS, P.A.
Account Number : 076424003301
Phone : (813) 223-7474
Fax Number : (813) 229-6553

JTM 034693

CORPORATION REINSTATEMENT

PRACTICE MANAGEMENT PARTNERS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
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