

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

FILED

98 JUL 22 PM 2:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

PHILLIPS MEDICAL GROUP OF FLORIDA, INC.

Principal Place of Business

Mailing Address

3001 Gulf Drive
Holmes Beach, Florida 34217

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3001 Gulf Drive

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Holmes Beach, Florida

City & State

Zip

34217

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

July 13, 1995

5. FEI Number

59-3328429

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

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
Director	James L. Phillips	111 Phillips-Medical Way	APEX, North Carolina 27502
President			
Sec. Treas.			
			800002600738-1
			-07/28/98--01072--025
			***1058.75 ***1058.75

REINSTATEMENT

96-98 B.

7/24

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

James L. Phillips
8405 Himes Avenue, Suite 206
Tampa, Florida 33614

Name

Wendell Pendleton

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

6027 South Suncoast Boulevard

Suite, Apt. #, Etc.

City

Homosassa

State

FL

Zip Code

34446

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

7/10/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
James L. Phillips

July 10, 1998 919/387-9500

Date

Daytime Phone #

CR2040 (1/98)