

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000084565

1. Corporation Name

Emerald Coast Medical Clinic, Inc.

2. Principal Office Address - No P.O. Box #

1003 West College Boulevard

3. Mailing Office Address

1003 West College Boulevard

Suite, Apt. #, etc.

Suite 1

Suite, Apt. #, etc.

Suite 1

City & State

Niceville, Florida

City & State

Niceville, Florida

Zip

32578

Country

United States

Zip

32578

Country

United States

4. Date Incorporated or Qualified
To Do Business in Florida

11/03/1995

5. FEI Number
593346460

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
Kevin M. Helmich, Esquire

Street Address (P.O. Box Number is Not Acceptable)
4481 Legendary Drive

Suite, Apt. #, Etc.
Suite 200

City
Destin

State
FL

Zip Code
32541

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 3/14/07

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	W. Michael Haney, M.D.	550 Twin Cities Boulevard, Suite C	Niceville, Florida 32578
VPSTD	Garry G. Banks, M.D.	1003 West College Boulevard, Suite 1	Niceville, Florida 32578
D	William M. Abernathy, M.D.	12272 Highway 98 West	Destin, Florida 32541
D	Mark J. Katzenstein, M.D.	129 East Redstone Avenue, Suite A	Crestview, Florida 32539
D	Nickolaos C. Malamos, M.D.	12272 Highway 98 West	Destin, Florida 32541
D	Joseph Shalit, M.D.	12272 Highway 98 West	Destin, Florida 32541

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 contained in Chapter 119, 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

3-19-07

Date

Daytime Phone #

FILED

07 MAR 20 PM 1:25

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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04/04/07--01029--007 **1500.00

REINSTATEMENT 02-07

CR2E081 (1/07)