

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 DEC 24 AM 11:03

DOCUMENT # **P96000007208**

1. Corporation Name

UNITED PHYSICIANS OF CENTRAL FLORIDA, INC.

Principal Place of Business

**600 NORTH BOULEVARD WEST
SUITE C
LEESBURG FL 34748
US**

Mailing Address

**200 SO. ORNAGE AVE.
2300 SUN TRUST CENTER
ORLANDO FL 32802
US**



REINSTATEMENT

01

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/23/1996

5. FEI Number

59-3366701

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City, State, Zip 4
D	COWIN, JOHN A M.D.	600 NORTH BOULEVARD WEST	LEESBURG FL 34748
D	SUSTARSIC, DAVID M.D.	601 E. DIXIE AVE., PLAZA 801	LEESBURG FL 34748
D	HAWK, STEVEN E M.D.	701 N. PALMETTO STREET	LEESBURG FL 34748
D	PUGLIA, JACQUELYN E M.D.	110 E. NORTH BLVD.	LEESBURG FL 34748
D	WHEELER, RUSS	913 NORTH BLVD., EAST, STE B	LEESBURG FL 34748
D	ISMAIL, AKRAM MD	8110 CR 44 LEG A	LEESBURG FL 34788

8. Name and Address of Current Registered Agent

**A.G.C. CO.
200 SOUTH ORANGE AVENUE
2300 SUN TRUST CENTER
ORLANDO FL 32802**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Richard T. Fulton
REGISTERED AGENT MUST SIGN

Richard T. Fulton

Date **12/20/01**

11. 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:

David S. Sustarsic
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/19/01

Date

352-728-6904

Daytime Phone #

CR2E040 (8/01)