

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 # P96000024624

1. Corporation Name

Physicians Surgical Network, Inc.

FILED

97 NOV 12 AM 11:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

825 N. Garland Avenue
Suite 201
Orlando FL 32801

Mailing Address

825 N. Garland Ave
Suite 201
Orlando FL 32801

REINSTATEMENT

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

2. New Principal Office Address, If Applicable

303 E PAR STREET
Suite, Apt. #, etc.

3. New Mailing Address, If Applicable

303 E PAR STREET
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

3/19/96

5. FEI Number

59-337-0576

Applied For

Not Applicable

City & State

ORLANDO FL

City & State

ORLANDO FL

Zip

32804

Country

USA

Zip

32804

Country

USA

CERTIFICATE OF STATUS DESIRED ☐

\$9.75 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
P D	D. Jeffery Sapp	303 E PAR STREET	ORLANDO FL 32804

100002946841 ---5

11/13/97-01091-003

***750.00 ***750.00

8. Name and Address of Current Registered Agent

Aylward Robert E.
100 N Tampa Street
Tampa, FL 33602

9. Name and Address of New Registered Agent

Name: D. Jeffery Sapp
Street Address (P.O. Box Number is Not Acceptable):
303 E Par Street
Suite, Apt. #, Etc.

City

Orlando FL

State

FL

Zip Code

32804

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

11/11/97

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

Date

11/11/97

Daytime Phone #

4076281800