

①

99 NOV 17 AM 9:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name

SOUTH FLORIDA INTERNAL MEDICINE ASSOCIATES, P.A.

Principal Place of Business

Mailing Address

4701 N. FEDERAL HWY.
SUITE A-21
FT. LAUDERDALE FL 33308

4701 N. FEDERAL HWY.
SUITE A-21
FT. LAUDERDALE FL 33308



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

2. New Principal Office Address, If Applicable WILFRED C. MUKENZIE, M.D. Suite, Apt. #, etc. SUITE 1625 S.E. 3rd AVE 620 City & State FT. LAUDERDALE FL Zip 33316 Country U.S.A.		3. New Mailing Office Address, If Applicable WILFRED C. MUKENZIE, M.D. Suite, Apt. #, etc. SUITE 1625 S.E. 3rd AVE 620 City & State FT. LAUDERDALE FL Zip 33316 Country U.S.A.		4. Date Incorporated or Qualified To Do Business in Florida 05/08/1996 5. FEI Number 65-0696994 Applied For Not Applicable 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	CHOKSHI, RAJIV R	4701 N. FEDERAL HWY., STE. A-21	FT. LAUDERDALE FL 33308
ST	MCKENZIE, WILFRED	4701 N. FEDERAL HWY., STE. A-21	FT. LAUDERDALE FL 33308

SP

100003050271-9
-11/22/99--01005--017
****150.00 ****150.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
LAVENDER, JOEL R 507 S.E. 11TH CT. FT. LAUDERDALE FL 33316		Name <u>Barry A. Diamond</u> Street Address (P.O. Box Number is Not Acceptable) <u>9728 W. Sample Rd.</u> Suite, Apt. #, Etc. _____ City <u>Coral Springs, FL</u> State <u>FL</u> Zip Code <u>33065</u>	
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 <u>[Signature]</u>		Date <u>11/16/99</u>	
REGISTERED AGENT MUST SIGN			

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 807 or 817, 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 807.0401 or 817.0401, 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

Date _____

Daytime Phone # _____



Wilfred C. McKenzie, M.D., P.A.

Board Certified In Internal Medicine

**1625 S.E. 3rd Avenue, Suite 723
Ft. Lauderdale, Florida 33316
Phone (954) 832-0055
Fax (954) 832-0063**

(2)

November 15, 1999

Department Of State
Division Of Corporations
P.O.Box 6327
Tallahassee, FL. 32314

Attention: Division Of Corporations
Annual Report/Reinstatement Section

Re: Document Number: P96000040612

Please arrange to reinstate the Corporate-South Florida Internal Medicine Associates, P.A.
I have just received the Notice Of Administrative Dissolution Or Revocation which was
forwarded to me from the address location of 4701 N. Federal Hwy., Suite A-21, Ft.
Lauderdale, FL. 33308.

I spoke with your Examiner, Stacey on November 15, 1999 and was informed that
Three notices had been sent out during the year. Stacey was informed that our office
never received any of the three notices.

I am enclosing a check in the amount of \$150.00. Please give this matter your prompt
attention. Thanking you in advance for your cooperation.

Sincerely,

Wilfred C. McKenzie, M.D.