

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE,
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # **P96000062869**

1. Corporation Name

Indian River Medical Office, P.A.

2. Principal Office Address

1901 Jess Parrish Court

Suite, Apt. #, etc.

City & State

Titusville, Florida

Zip

32796

Country

USA

3. Mailing Office Address

(same)

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/25/96

5. FEI Number

59-3392581

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

John M. Harris, Esquire

000003342990-3

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

1820 Garden Street

-08/02/00--01002--021

****900.00 ****900.00

Suite, Apt. #, Etc.

City

Titusville

State

FL

Zip Code

32796

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 **7-13-00**

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
D/P	Aluino Ochoa	1901 Jess Parrish Court	Titusville, FL 32796
D/S.T.	Karin A. Ochoa	1901 Jess Parrish Court	Titusville, FL 32796

REINSTATEMENT 99-00

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 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: Aluino Ochoa **Aluino Ochoa, M.D** 7/12/00 321-269-6530
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/99)