

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 16 AM 10:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000082053

1. Corporation Name

AMERICAN MEDICAL SPECIALTIES, INC.

Principal Place of Business

Mailing Address

7411 114TH AVE N #312
LARGO FL 33773

7411 114TH AVE N #312
LARGO FL 33773



REINSTATEMENT 03

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/30/1996

5. FEI Number

65-0713302

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	SIMMONS, PAUL L	7411 114TH AVE N SUITE 312	LARGO FL 33773
PCEO	SIMMONS, DIANE	7411 114TH AVE N #312	LARGO FL 33773

100023860911
10/16/03--01073--015 **758.75

[Signature]

8. Name and Address of Current Registered Agent

SIMMONS, DIANE
7411 114TH AVE N
SUITE 312
LARGO FL 33773

9. Name and Address of New Registered Agent

Name

Diane Simmons

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

8619 Laurel Drive

Suite, Apt. #, Etc.

City

Pinellas Park

State

FL

Zip Code

33782

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature] SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date *10/13/03*

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)(f), 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] SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/13/03

Date

727-547-5450

Daytime Phone #

CR2E040 (7/03)