

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Graham
Secretary of State
DIVISION OF CORPORATIONS



FILED

97 NOV 10 PM 12:51

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P96000103539

1. Corporation Name

INTERACTIVE MEDICAL COMMUNICATIONS, INC.

Principal Place of Business

201 E. PINE STREET
SUITE 875
ORLANDO FL 32801

Mailing Address

201 E. PINE STREET
SUITE 875
ORLANDO FL 32801

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

12/18/1996

5. FEI Number

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	FRASER, OWEN D	201 E. PINE STREET Suite 875	ORLANDO FL 32801
D	ROATH, STUART	5821 HOLLYWOOD BLVD.	HOLLYWOOD FL 33021
D	FRASER, HOWARD	829 WOODFIELD COURT	KISSIMEE FL 34744

600002346236--3
-11/13/97--01053--011
****165.00 ****165.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FRASER, OWEN D MD.
201 E. PINE STREET
SUITE 875
ORLANDO FL 32801

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

REGISTERED AGENT MUST SIGN

Date

4/6/97

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(407) 578-9142
11/6/97

CR20040 (8/97)



**Interactive Medical
Communications, Inc.**

201 E. Pine Street, Suite 875
Orlando, Florida 32801

Phone: (407) 599-7978
Fax: (407) 297-8420

November 6, 1997

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

To Whom It May Concern:

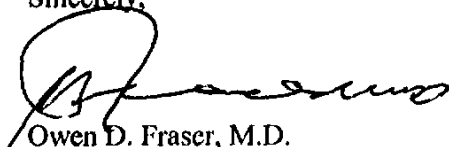
Enclosed there is a check for \$165.00 to serve as total re-instatement fee for Interactive Medical Communications.

IMC was incorporated 12/18/96 and no notices were received regarding annual reports until the notice of administrative dissolution arrived a few days ago.

It is my belief that among the possibilities is the one that Suite # on the address was incorrect or incorrectly used. The correct address is now on the re-instatement application.

Thank you for your consideration.

Sincerely,



Owen D. Fraser, M.D.
ODF/aq