

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

01 AUG -2 PM 12:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000009558

1. Corporation Name

MEDICAL OFFICE PROPERTIES, INC.

Principal Place of Business

Mailing Address

~~4820 BARRS STREET~~
~~SUITE 715~~
~~JACKSONVILLE FL 32204~~

~~1820 BARRS STREET~~
~~SUITE 715~~
~~JACKSONVILLE FL 32204~~

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

2. New Principal Office Address, If Applicable

3500 Timuquana Road
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

3500 Timuquana Road
Suite, Apt. #, etc.

City & State
Jacksonville FL

City & State
Jacksonville FL

Zip Country
32210 USA

Zip Country
32210 USA

REINSTATEMENT 00-01

4. Date Incorporated or Qualified
To Do Business in Florida

01/23/1997

5. FEI Number

59-3424193

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	SMITHWICK, WALTER III	1820 BARRS STREET, SUITE 715	JACKSONVILLE FL 32204

8. Name and Address of Current Registered Agent

HOLBROOK, H. LEON
ONE INDEPENDENT DRIVE
SUITE 2301
JACKSONVILLE FL 32202

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

H. Leon Holbrook
REGISTERED AGENT MUST SIGN

Date

7/27/01

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)(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:

H. Leon Holbrook
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/23/01 904-874-8749

CR2E040 (8/00)