

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

DOCUMENT # P97000056130

1. Corporation Name

ALPHA MEDICAL GROUP, INC.

Principal Place of Business

1018 N WARD ST
TAMPA FL 33607

Mailing Address

1018 N WARD ST
TAMPA FL 33607

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

2. New Principal Office Address, If Applicable

22155 U.S. 19 North
Suite, Apt. #, etc.
Clearwater, FL 33765
City & State

3. New Mailing Office Address, If Applicable

22155 U.S. 19 North
Suite, Apt. #, etc.
Clearwater, FL
City & State

Zip

Country

USA

Zip

33765

Country

USA

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
S/D	Christian D. Ruppel	11300 4th Street North Ste. 200	St. Petersburg, FL 33716
T/D	Darion W. Johnson	11300 4th Street North Ste. 200	St. Petersburg, FL 33716
D	M. Steven Seambler	11300 4th Street North Ste. 200	St. Petersburg, FL 33716

8. Name and Address of Current Registered Agent

MARKHAM, MICHAEL C
911 CHESTNUT STREET
CLEARWATER FL 34616

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

500002806645-9

03/15/99-01144-017

****300.00 State ****300.00

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

Michael C. Markham

REGISTERED AGENT MUST SIGN

Date: 3/3/99

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:

Christian D. Ruppel, Secretary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/99
Date

707-791-8300
Telephone #



REINSTATEMENT

CR-99

4. Date Incorporated or Qualified To Do Business in Florida

06/26/1997

5. FEI Number

59-3465355

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required for a Certificate of Status

CR2040 (9/98)