

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

REINSTATEMENT

DOCUMENT # P97000062864

1. Corporation Name

PHYSICIAN MANAGEMENT ALLIANCE, INC.

Principal Place of Business

Mailing Address

9029 MOSSY OAK LANE
CLERMONT FL 34711

9029 MOSSY OAK LANE
CLERMONT FL 34711

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

07/18/1997

5. FEI Number

59-3457094

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	SONNTAG, ROBERT J	9029 MOSSY OAK LANE	CLERMONT FL 34711
VSTD	SONNTAG, ROBERT P	9029 MOSSY OAK LANE	CLERMONT FL 34711
			100002718791--2
			-12/22/98--01028--011
			****150.00 ****150.00

8. Name and Address of Current Registered Agent

SAHLOUL, HALA
3455 HARBOR POINTE DRIVE
PORT RICHEY FL 34668

9. Name and Address of New Registered Agent

Name ANN SONNTAG
Street Address (P.O. Box Number is Not Acceptable) 9029 MOSSY OAK LANE
Suite, Apt. # etc.
City CLERMONT State FL Zip Code 34711

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

Ann Sonntag

REQUIRED

REGISTERED AGENT MUST SIGN

Date 12-6-98

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

Yes ☐

No ☒

N/A

(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:

Robert J. Sonntag
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/6/98

Daytime Phone #

352-242-9088

CR2E040 (9/98)