

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 JAN -6 PM 5:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000066689

Corporation Name

INTEGRATED PHYSICIAN CONSULTANTS, P.A.

Principal Place of Business

Mailing Address

JON M. CARSON, M.D.
SW 34 AVE SUITE 905-471
OCALA FL 34474

C/O JON M. CARSON, M.D.
3101 SW 34 AVE SUITE 905-471
OCALA FL 34474



REINSTATEMENT

99-2000

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

New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Apt. #, etc.		Suite, Apt. #, etc.		07/31/1997	
City & State		City & State		5. FEI Number	
Country		Zip		Country	
				59-3461485	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
2	CARSON, JON M M.D.	3101 SW 34 AVE SUITE 905-471	OCALA FL 34474
D	ELAINE HARRIS	3101 SW 34 AVE #905-471	OCALA, FL 34474
			600003099226--1
			01/14/00 01076 020
			****908.75 ****908.75
			1/LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CARSON, JON M M.D.
3101 SW 34 AVE
SUITE 905-471
OCALA FL 34474

Name	
ELAINE HARRIS	
Street Address (P.O. Box Number is Not Acceptable)	
3101 SW 34 AVE	
Suite, Apt. #, Etc.	
SUITE 905-471	
City	State Zip Code
OCALA	FL 34474

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 *Elaine J. Harris* Date 11/26/99
REGISTERED AGENT MUST SIGN

I certify that I am an officer or director of 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: *Elaine J. Harris*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/26/99
Date Daytime Phone #