


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



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

FILED  
 02 MAR 21 PM 3:33  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT # P97000091431**

1. Corporation Name  
**FIVE POINTS MEDICAL CLINIC, INC.**

Principal Place of Business 2025 PARK STREET JACKSONVILLE FL 32204	Mailing Address 2025 PARK STREET JACKSONVILLE FL 32204
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

*KA*



**REINSTATEMENT 01-02**

2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip	3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip	Country	Country
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4. Date Incorporated or Qualified To Do Business in Florida <b>10/22/1997</b>	
5. FEI Number <b>59-347762</b>	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$375 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	4 City / State / Zip
D	DODD, DANIEL A D.C.	2025 PARK STREET	JACKSONVILLE FL 32204
			100005183251--6 -04/02/02--01051--025 ****900.00 ****900.00

**8. Name and Address of Current Registered Agent**

LEWIS, DAVID R  
 2468 ATLANTIC BOULEVARD  
 JACKSONVILLE FL 32207

**9. Name and Address of New Registered Agent**

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 *D.A. Dodd* Date 3-20-02  
 REGISTERED AGENT MUST SIGN

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)(l), 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: *D.A. Dodd* Date 3-20-02  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E040 (8/01)