

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 # P97000091546

1. Corporation Name

ADVANCED MEDICAL DIRECTION, INC.

Principal Place of Business

P.O. BOX 10354
DAYTONA BEACH FL 32120-0354

Mailing Address

P.O. BOX 10354
DAYTONA BEACH FL 32120-0354

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/23/1997

5. FEI Number

59-3473104

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)

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
P/C	HOWARD RODENBERG, MD	38 CORMORANT CIRCLE	DAYTONA BEACH, FL 32119

200002707902--7
-12/09/98-01102-019
*****750.00 ***750.00**

8. Name and Address of Current Registered Agent

RODENBERG, HOWARD
130-C BLUE HERON DR.
DAYTONA BEACH FL 32119

9. Name and Address of New Registered Agent

Name
HOWARD RODENBERG
Street Address (P.O. Box Number is Not Acceptable)
38 CORMORANT CIRCLE
Suite, Apt. #, Etc.

City
DAYTONA BEACH State
FL Zip Code
32119

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date **12/2/98**

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)(f), 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:

SIGNATURE REQUIRED
HOWARD RODENBERG, MD
SIGNATURE OF SIGNING OFFICER OR DIRECTOR

12/2/98

Date

904-786-7131
Daytime Phone #

304-8764