

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
 FLORIDA DEPARTMENT OF STATE  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS



FILED

99 NOV 15 PM 2:21

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # 9970000916292  
 1. Corporation Name  
 East Orlando Family Medicine Associates, P.A.

Principal Place of Business  
 1975 S. Alafaya Trail  
 Orlando, Florida 32828  
 Mailing Address  
 1975 S. Alafaya Trail  
 Orlando, Florida 32828

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

**REINSTATEMENT** 98-99

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 11/12/97	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-3478093	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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, S	George Hudson, D.O.	1975 S. Alafaya Trail	Orlando, Florida 32828
V, T	Ronald Mallonee, D.O.	1975 S. Alafaya Trail	Orlando, Florida 32828

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 -11/23/99--01069--018  
 \*\*\*\*908.75 \*\*\*\*908.75

8. Name and Address of Current Registered Agent Gene E.B. Hess, CPA, P.A. 2881 Old Castle Drive Winter Park, Florida 32792		9. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State FL Zip Code

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 Gene E.B. Hess CPA PA Date 11/9/99  
 REGISTERED AGENT MUST SIGN

11. This corporation owes 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: George M. Hudson GEORGE M. HUDSON 11/8/99 (407) 737-4044  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (12/98)