

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 2:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000106121

1. Corporation Name

SCOTT L. LIPOFF, M.D., P.A.

Principal Place of Business

6830 NW 11TH PL. STE B  
GAINESVILLE FL 32605

Mailing Address

6830 NW 11TH PL. STE B  
GAINESVILLE FL 32605

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

12/15/1997

5. FEI Number

59-3482564

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	4 City / State / Zip
D	LIPOFF, SCOTT L M.D.	6830 NW 11TH PL, STE B	GAINESVILLE FL 32605

200003050242--9  
-11/22/99--01005--003  
\*\*\*\*150.00 \*\*\*\*150.00

LS

8. Name and Address of Current Registered Agent

LIPOFF, SCOTT L M.D.  
6830 NW 11TH PL, STE B  
GAINESVILLE FL 32605

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 807.0505, F.S.

Signature of  
Registered Agent

*Scott L. Lipoff*  
REGISTERED AGENT MUST SIGN

Date 11/10/99

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 807.0401 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:

*Scott L. Lipoff*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/10/99

Date

(352) 331

Daytime Phone #

3050

**ADVANCED PAIN MANAGEMENT SERVICES**

**Scott L. Lipoff, M.D.**

**Phone: (352) 331-3050**

**6830 NW 11<sup>th</sup> Place, Suite B  
Gainesville, FL 32605**

**Fax: (352) 331-3373**

11-10-1999

Florida Department of State

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Re: Scott L. Lipoff, M.D., P.A.  
document # P97000106121

Dear Sirs:

This is the first year that I had to file a corporation annual report. Somehow, inadvertently, the appropriate forms were misdirected in my office and I did not receive them. Since I had never done this before I did not miss them. In light of the fact that I have a new corporation and have not had experience with these forms I respectfully request waiver of the penalties for late filing. Enclosed please find one hundred fifty dollars for filing of the corporation annual report.

Sincerely,

*Scott L. Lipoff MD*  
Scott L. Lipoff, MD