

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 24 AM 9:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000000662

1. Corporation Name

JACKSONVILLE HEALTHCARE GROUP, P.A.

FORMERLY KNOWN AS:

JACKSONVILLE HEALTH CARE PROVIDERS, P.A.

2. Principal Office Address

3563 PHILIPS HIGHWAY

Suite, Apt. #, etc.

BUILDING A, SUITE 101

City & State

JACKSONVILLE, FL

Zip

32207

Country

3. Mailing Office Address

3563 PHILIPS HIGHWAY

Suite, Apt. #, etc.

BUILDING A, SUITE 101

City & State

JACKSONVILLE, FL

Zip

32207

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/31/97

5. FEI Number

59-3485205

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JAMES W. CLOWER, III

Street Address (P.O. Box Number is Not Acceptable)

3563 PHILIPS HIGHWAY

Suite, Apt. #, Etc.

BUILDING A, SUITE 101

City

JACKSONVILLE

State

FL

Zip Code

32207

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

12/18/03

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

Titles	Name of Officers and/or Directors	Street Address of Each Officers and/or Director	City/State/Zip
D	JAMES W. CLOWER, III	3563 PHILIPS HWY, BLDG. A, STE 101	JACKSONVILLE, FL 32207
D	MARK A. STICH, DO	3563 PHILIPS HWY, BLDG. A, STE 101	JACKSONVILLE, FL 32207
D	WILLIAM F. MOORE	3563 PHILIPS HWY, BLDG. A, STE 101	JACKSONVILLE, FL 32207
D	ELLEN SACKETT	3563 PHILIPS HWY, BLDG. A, STE 101	JACKSONVILLE, FL 32207
D	DEBORAH C. ABRAM	3563 PHILIPS HWY, BLDG. A, STE 101	JACKSONVILLE, FL 32207

10. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/27/03

Daytime Phone #



1301 Riverplace Blvd., Suite 2400
Jacksonville, FL 32207
Phone: 904.396.4015
Fax: 904.399.4012
www.lbafinancial.com

LaFAYE, BROCK & ASSOCIATES, P.A.
Certified Public Accountants • Business Planners and Advisors

November 5, 2003

Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

Re: Return Receipt Request # 7002 2030 0001 7173 6441

Enclosed please find Corporation Reinstatement Form STF FL32524F.1 for the following:

Jacksonville Healthcare Group, P.A., formerly known as Jacksonville Health Care Providers, P.A., with check #5613 for \$750.00

Sincerely,

LaFaye, Brock & Associates, P.A.

LBA FINANCIAL GROUP

LaFaye, Brock & Associates, P.A. • LBA Financial Planning Partners, LLC
LBA Healthcare Consulting Services, LLC • LBA Retirement Plan Services, LLC

11/13/03

CORPORATE DETAIL RECORD SCREEN

11:37 AM

NUM: P98000000662 ST:FL INACTIVE/FL PROFIT

FLD: 01/05/1998 EFF: 12/31/1997

LAST: ADMIN DISSOLUTION FOR ANNUAL REPORT

FLD: 09/19/2003

FEI#: 59-3485205

NAME : JACKSONVILLE HEALTH CARE PROVIDERS, P.A.

PRINCIPAL: 1200 RIVERPLACE BLVD

CHANGED: 05/10/99

ADDRESS 301

JACKSONVILLE, FL 32207 US

RA NAME : MALLY, EARL B

NAME CHG: 03/08/00

RA ADDR : 1200 RIVERPLACE BLVD STE 301

ADDR CHG: 03/08/00

JACKSONVILLE, FL 32207 US

ANN REP : (2000) A 03/08/00 (2001) A 03/01/01 (2002) A 09/12/02

1. MENU, 3. OFFICERS, 4. EVENTS

ENTER SELECTION AND CR: