

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P98000047555

1. Corporation Name

SOUTH WALTON MEDICAL CENTER, INC.

Principal Place of Business

9657 HIGHWAY 98 WEST
DESTIN FL 32541 32550
US

Mailing Address

9657 HIGHWAY 98 WEST
DESTIN FL 32541 32550
US

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

05/26/1998

5. FEI Number

59-3520723

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	CAUSTON, RONALD B M.D.	9657 HIGHWAY 98 WEST	DESTIN FL 32561

3000008766659

11/01/02--01002--024 **150.00

8. Name and Address of Current Registered Agent

CAUSTON, RONALD B M.D.
9657 HIGHWAY 98 WEST
DESTIN FL 32541 32550

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

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date

10/30/02

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)(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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/30/02

Daytime Phone #

850-837-8000

B

SOUTH WALTON MEDICAL CENTER INC.
9657 HWY 98 WEST
DESTIN FLORIDA 32550
PH-850-837-8005

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OCTOBER 30TH, 2002

TO WHOM IT MAY CONCERN:

IN REGARDS TO THE ANNUAL CORPORATION REPORT/ UBR THE ZIP CODE LISTED AS OUR ADDRESS HAS BEEN CHANGED TO 32550 AND IS INCORRECT ON THE APPLICATION OF DISSOLUTION FORM THAT WE JUST RECEIVED IN OUR OFFICE. AS TO WHY WE RECEIVED THIS FORM AND NOT THE OTHER APPLICATION I DO NOT KNOW. PLEASE FIND ENCLOSED A CHECK FOR \$150.00 FEE FOR RENEWAL APPLICATION FOR CORPORATION AS DISCUSSED ON OCTOBER 30TH WITH YOUR OFFICE. PLEASE LET US KNOW IF THERE IS ANY THING THAT WE CAN DO IN THE FUTURE TO AVOID THIS SITUATION NEXT YEAR.

SINCERELY,



RONALD B. CAUSTON MD.