

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000059112

1. Corporation Name

WEST COAST MEDICAL CRYSTAL RIVER, P.A.

Principal Place of Business

8030 W GULF TO LAKE HWY
CRYSTAL RIVER FL 34429

Mailing Address

8030 W GULF TO LAKE HWY
CRYSTAL RIVER FL 34429

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/02/1998

5. FEI Number

650 847 139

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	MIAN, IMRAN	3300 WEST SUSAN LN 8030 W Gulf to Lake Highway	LEGATO FL 34481 Crystal River FL 34429

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MIAN, IMRAN
8030 W GULF TO LAKE HWY
CRYSTAL RIVER FL 34429

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

Imran Mian

REGISTERED AGENT MUST SIGN

Date 10/16/99

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 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.

AD

SIGNATURE:

Imran Mian

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/16/99

Daytime Phone #

(352) 5648812

(2)

State Department
Division of Consular
Affairs

It is kindly requested to waive the reimbursement
fee of \$50-US\$. as we have not given any notice
of arrival report & we didn't get any
notification from your office so in regard.

We spoke to one of your officers & I

was told that they will waive the
amount as long as I ask you to write
explaining this point of not getting any
arrival report from. Please include the
amount - Excluding money order of 140 US\$

Thank

John Wick