

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03-DEC 11 AM 10:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000083045

1. Corporation Name

PUTNAM CLINICAL LABORATORIES, INC.

Principal Place of Business

700 ZEAGLER DRIVE
SUITE 8
PALATKA FL 32177

Mailing Address

700 ZEAGLER DRIVE
SUITE 8
PALATKA FL 32177

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

REINSTATEMENT 03



400025415514
12/11/03--01011--019 **750.00

4. Date Incorporated or Qualified
To Do Business in Florida

10/01/1998

5. FEI Number

59-3533667

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
PD	MADAN, ARLENE P	1634 COLONIAL DRIVE	GREEN COVE SPRINGS FL 32043

8. Name and Address of Current Registered Agent

HAYES, DENNIS E
233 EAST BAY STREET
#620 BLACKSTONE BLDG
JACKSONVILLE FL 32202-3447

9. Name and Address of New Registered Agent

Name

Same

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

2320 The Woods Drive West

Suite, Apt. #, Etc.

1-904. 220-3565 / 220-7080 Fax

City

JAX

State

FL

Zip Code

32246

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

Date

MR Dennis Hayes. mailed. REGISTERED AGENT MUST SIGN. Registered agent copy with his signature.

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12-2-03 356.328.4036
off.

CR2E040 (7/03)