

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

APPROVED  
AND  
FILED

DOCUMENT # P98000108133

1. Corporation Name

FSHP SUPPORT SERVICES, INC.

99 OCT 19 PM 1:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

2304 KILLEARN CENTER BOULEVARD, SUITE A  
TALLAHASSEE FL 32308-3524

2304 KILLEARN CENTER BOULEVARD, SUITE A  
TALLAHASSEE FL 32308-3524



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

4. Date Incorporated or Qualified  
To Do Business in Florida

12/29/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0906067

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
CD	CLARK, JOHN	JACKSON MEMORIAL HOSP., 1611 NW 1	MIAMI FL 33136
T	WITAS, RICHARD	MOFFITT CANCER CENTER, 12902 MAG	TAMPA FL 33612
M	PIKE, DEREK	2304 Killearn Ctr Blvd	Tallahassee, FL
P	OSTERBERGER, DAVID	9333 SW 12th St	Miami, FL 33157
D	DOUG COFFEY	13000 BRUCE B. DOWNS BLVD DEPT 119	TAMPA, FL 33612
D	SARAH HAYES	1800 BARRS ST	JACKSONVILLE, FL 32203

8. Name and Address of Current Registered Agent

THOMSON, JAMES E  
1515 RINGLING BOULEVARD, SUITE 900  
SARASOTA FL 34236

9. Name and Address of New Registered Agent

Name  
DEREK PIKE  
Street Address (P.O. Box Number is Not Acceptable)  
2304 Killearn Ctr. Blvd.  
Suite, Apt. #, Etc.  
SUITE A  
City  
Tallahassee  
State  
FL  
Zip Code  
32308

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

*P. Derek Pike* REQUIRED  
REGISTERED AGENT MUST SIGN

Date

10/14/99

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.

SIGNATURE:

*[Signature]* REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/14/99

Daytime Phone #

750-906-4333