

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAR -7 PM 3:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000004344**

1. Corporation Name

GARY M. PRICE, M.D., F.A.C.P., P.A.

Principal Place of Business

**12600 CREEKSIDE LANE
SUITE 7
FORT MYERS FL 33919**

Mailing Address

**12600 CREEKSIDE LANE
SUITE 7
FORT MYERS FL 33919**



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

01/14/1999

5. FEI Number

65-0885038

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
D	PRICE, GARY M	12600 CREEKSIDE LANE SUITE 7	FORT MYERS FL 33919

500013639235
03/07/03--01008--016 **300.00

8. Name and Address of Current Registered Agent

**KNOTT, GEORGE H
HUMPHREY & KNOTT, P.A.
1625 HENDRY STREET SUITE 301
FORT MYERS FL 33901**

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

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 REQUIRED

REGISTERED AGENT MUST SIGN

Date

2-13-03

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

2-18-03

Daytime Phone #

CR2E040 (8/02)



GARY M. PRICE, M.D., F.A.C.P., P.A.
Internal Medicine - Board Certified

February 18, 2003

Jim Smith
Secretary, Department of State
Florida Department of State
Divisions of Corporations
PO BOX 6327
Tallahassee, FL 32314

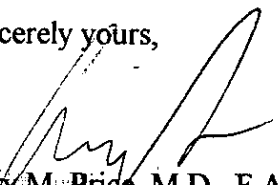
Dear Secretary of State,

It has recently come to my attention that my corporation failed to submit the 2002 Uniform Business Report. To the best of my knowledge, this report was not received at my office, and as a result, was never filed. (Measures have already been placed in my office to insure that this report will be filed in the future on a timely basis.) Due to the circumstances, I am requesting a waiver of the penalties incurred due to the failure to submit the report.

Enclosed please find payment for the 2002 and 2003 Uniform Business Report. If any additional information is required please feel free to contact my office.

Thank you for your consideration in this matter.

Sincerely yours,



Gary M. Price, M.D., F.A.C.P.