

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 OCT 21 AM 8:37

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P99000032405

1. Corporation Name

R. S. IURCOVICH, M.D., P.A.

Principal Place of Business

Mailing Address

1811 LUCERNE TERR.
ORLANDO FL 32806

1811 LUCERNE TERR.
ORLANDO FL 32806

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

04/05/1999

5. FEI Number

59-2259950

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
PSTD	IURCOVICH, ROBERTO S	1811 LUCERNE TERR.	ORLANDO FL 32806

300023968459
10/21/03--01054--020 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

IURCOVICH, ROBERTO S
1811 LUCERNE TERR.
ORLANDO FL 32806

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 10/10/03

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

Roberto S. Iurcovich

10/10/2003 (407) 423-0681

Date

Daytime Phone #

CPRE040 (7/03)

ROBERT S. IURCOVICH, M.D., P.A.
OBSTETRICS AND GYNECOLOGY

1811 LUCERNE TERRACE
ORLANDO, FLORIDA 32806
TELEPHONE
(407) 423-0681

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: R.S. Iurcovich, M.D., P.A.
FEI #: 59-2259950

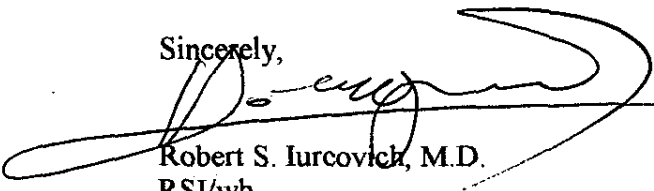
October 14, 2003

To Whom It May Concern:

Please be advised that I did not receive any notification for our 2003 Corporation Fees prior to the Application For Reinstatement notice I received last week. For this reason, please waive the reinstatement fee of \$600.00. I have obtained the necessary information to avoid the problem in the future, even if no notification is received.

Thank you for your consideration. If you need any additional information, please feel free to contact me.

Sincerely,



Robert S. Iurcovich, M.D.
RSI/wb