

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
AND  
FILED

00 NOV 15 AM 7:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



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

DOCUMENT # PA000052585

**1. Corporation Name**

Healthcare Practice Solutions

**2. Principal Office Address**

200 Leslie Drive

Suite, Apt. #, etc.

730

City & State

Hollandale

Zip

33009

Country

Broward

**3. Mailing Office Address**

200 Leslie Drive  
~~- SAME -~~

Suite, Apt. #, etc.

730

City & State

Hollandale

Zip

33009

Country

Broward

**4. Date Incorporated or Qualified  
To Do Business in Florida**

6-10-99

**5. FEI Number**

65-0926138

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED**

☒ \$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Stacey M. Burg

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

200 Leslie Drive

Suite, Apt. #, Etc.

730

City

Hollandale, FL

State

FL

Zip Code

33009

000003488460

12/05/00-01117-014

\*\*\*\*158.75 \*\*\*\*158.75

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

Signature of  
Registered Agent

Stacey M. Burg

REGISTERED AGENT MUST SIGN

Date 11-5-00

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles

only

Name of  
Officers and/or Directors

Street Address of Each  
Officer and/or Director

City / State / Zip

President

Stacey M. Burg

200 Leslie Dr. # 730

Hollandale, FL 33009

**10. 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:

Stacey M. Burg

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-5-00

Daytime Phone #

954-461-7190

CR2E081 (9/99)



November 5, 2000

MS Y. Fisher  
Division of Corporations  
PO Box 6327  
Tallahassee FL 32314

Dear MS Fisher,

Thank you for your time on the phone the other day. As you requested, I needed to write a letter explaining the delay in payment for the yearly corporation annual report. You also indicated, that it was possible to give a once in a lifetime waiver for filing this report late.

I received a call from my accountant on October 25, 2000 asking for the annual report information. I did not know what she was talking about. She indicated that this was a report that needed to be filed with a Check of \$150 to the state, and that I should have received this information in the mail. I told her that I did not receive anything like this in the mail. She instructed me to call the state.

I called you the same day, and explained my situation. I am certain that I did not get the information in the mail, because I have changed my name (I got married), and both corporate and home address changed. Because I am a consultant, I am often out of the office for days to months at a time. I incorporated in June 1999, and this is the first yearly report that needed to be filed. I have never owned a company prior to this, and had no idea this information was required.

I am requesting a waiver of the \$750 late fee for the above reasons, and a reinstatement of the \$150 fee. You said that this could be done once in a lifetime.

I am including a check for \$150 plus \$8.75 for a Certificate of Status. Thank you again for all your help.

Sincerely:

A handwritten signature in cursive script that reads "Stacey M Burg".

Stacey M Burg  
President  
Healthcare Practice Solutions

*Ps. Thank you so much*

200 Leslie Drive Suite 730 Hallandale Florida 33009-7317  
Tel: (954) 461-7190 Fax: (954) 457-5657  
E-mail: healthcare\_ps@worldnet.att.net