

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

10/2

APPLICATION FOR **REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P99000059788**

1. Corporation Name
WILKER-POWERS CENTER FOR CLINICAL STUDIES, INC.

FILED
 00 DEC -6 PM 3: 07
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

Principal Place of Business Mailing Address

3100 17TH ST. ST. CLOUD FL 34769 3100 17TH ST. ST. CLOUD FL 34769

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 **06/30/1999**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

5. FEI Number 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	WILKER, JOHN F	2616 FLORENCE DR.	KISSIMMEE FL 34744
D	WILKER, ANNA M	2616 FLORENCE DR.	KISSIMMEE FL 34744
D	POWERS, CHARLES K JR.	2335 NEPTUNE RD.	KISSIMMEE FL 34744
D	POWERS, VANESSA K	2335 NEPTUNE RD.	KISSIMMEE FL 34744

300003497729--9
 12/12/00 01192-001
 ****450.00 ****150.00

8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent

WILKER, JOHN F
 2616 FLORENCE DR.
 KISSIMMEE FL 34744

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.

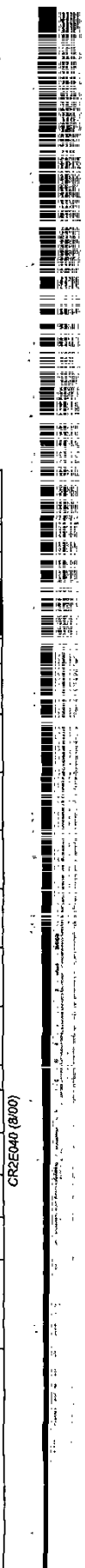
Signature of Registered Agent *[Signature]* Date **12/4/00**

REGISTERED AGENT MUST SIGN

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]* Date **12/4/00** Daytime Phone # **KE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



Primary
Care
Specialists



20F2

Family Practice - St. Cloud

3100 17th Street • St. Cloud, Florida 34769
(407) 892-0009 • Fax (407) 892-3285

P99000059788

October 23, 2000

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

Re: Wilker - Powers Center for Clinical Studies, Inc.
Document Number: P99000059788

Dear Sir or Madam,

In regard to the reinstatement for our corporation, we realize now that the corporation annual report not filed in the designated amount of time. This oversight, was due to the fact that we had administrative changes during the month of April and the requests that were sent to us were lost.

Per the phone conversation today, we were told that a late fee of \$150.00 would be acceptable. We have enclosed a check for this amount.

We regret the delay and appreciate your patience in this matter.

Sincerely,

Janet Rodriguez, Office Manager

John E. Wilker, M.D. • Charles K. Powers, Jr., M.D. • D. Paul Thorne, M.D.

Lori Lanz, PA-C • Mike Gregg, PA-C