

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 28 AM 10:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000068419

1. Corporation Name

SUSAN BAUER O'TOOLE, M.D., P.A.

Principal Place of Business

3790 7 TERRACE SUITE 102
VERO BEACH FL 32960

Mailing Address

3790 7 TERRACE SUITE 102
VERO BEACH FL 32960

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

08/02/1999

5. FEI Number

59-3593054

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	O'TOOLE, SUSAN BAUER	536 BANYAN ROAD 2502 PINE AVENUE	VERO BEACH FL 32963 32960

000008625080
10/28/02--01080--010 **150.00

Original

8. Name and Address of Current Registered Agent

RAPPEL, ROBERT DO, JD
5070 N HWY A1A, SUITE 221
VERO BEACH FL 32963

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]
SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/23/02

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-23-02

Date

772-562-5662

Daytime Phone #

CR2040 (8/02)

Susan Bauer O'Toole, M.D., P.A.
Genevieve C. Mallon, M.D.

Phone (772) 562-5662
Fax (772) 562-5702

Division of Corporations
Annual Report / Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

100-443688