

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P99000070313

1. Corporation Name

GLENN FAMILY HEALTH CENTER, P.A.

00 OCT 13 AM 9:51

Principal Place of Business

Mailing Address

% DANA D. GLENN, M.D.
6101 WEBB ROAD
TAMPA FL 33615

% DANA D. GLENN, M.D.
6101 WEBB ROAD
TAMPA FL 33615



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 00

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

08/09/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59 359 13 05

Not Applicable

Zip

Country

Zip

Country

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	GLENN, DANA D M.D.	6101 WEBB ROAD #308	TAMPA FL 33615
D	GLENN, VERNON A	6101 WEBB ROAD #308	TAMPA FL 33615

400003433834-3
-10/20/00--01070--023
****758.75 ****758.75

10/12/00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GLENN, DANA D M.D.
6101 WEBB ROAD #308
TAMPA FL 33615

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

DANA D. GLENN

REGISTERED AGENT MUST SIGN

Date

10/12/00

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:

DANA D. GLENN, MD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dana D. Glenn, MD

10/12/00

Date

813-806-1885

Daytime Phone #