

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 JAN 25 PM 4:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000099109

1. Corporation Name ADVANCED MEDICAL MANAGEMENT OF
SOUTHWEST FLORIDA, INC.

2. Principal Office Address
3432 US 19 Suite D

3. Mailing Office Address
3432 US 19

Suite, Apt. #, etc.
Suite D

Suite, Apt. #, etc.
Suite D

City & State
Holliday, FL

City & State
Holliday FL

Zip 34691 Country USA

Zip 34691 Country USA

REINSTATEMENT 01-02

4. Date Incorporated or Qualified
To Do Business in Florida 11/8/1999

5. FBI Number 593605737

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 Mark F. Howard

500004912525--0

Street Address (P.O. Box Number is Not Acceptable) 3432 US 19

-02/12/02--0107--024
*****900.00 *****900.00

Suite, Apt. #, Etc. D

City Holliday

State FL Zip Code 34691

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 [Signature]
REGISTERED AGENT MUST SIGN

Date 1/2/02

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<u>P</u>	<u>Mark F. Howard</u>	<u>3432 U.S. 19, Suite D</u>	<u>Holliday, FL 34691</u>

500004912525--0
-02/12/02--01071--025
*****8.75 *****8.75

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: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/2/02 (72) 772-8818
Date Daytime Phone #