

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P99000101458

1. Corporation Name

LAUDERDALE MEDICAL GROUP, P.A.

Principal Place of Business

3000 BAYVIEW DR.
FT. LAUDERDALE FL 33306

Mailing Address

3000 BAYVIEW DR.
FT. LAUDERDALE FL 33306

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

2. New Principal Office Address, If Applicable
Lauderdale Medical Group

Suite, Apt. #, etc.
707 S.E. 3rd Ave. #400

City & State
Ft. Lauderdale FL

Zip Country
33316 U.S.A.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.
707 S.E. 3rd Ave., #400

City & State
Ft. Lauderdale, FL

Zip Country
33316 U.S.A.

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

11/16/1999

SP

5. FEI Number

65-0962398

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
D	HARRELL, TIMOTHY	3000 BAYVIEW DR. 1124 Bayview Drive	FT. LAUDERDALE FL 33306 33304
D	NADDELL, ARTHUR	3000 BAYVIEW DR. 1124 Bayview Drive	FT. LAUDERDALE FL 33306 33304

8. Name and Address of Current Registered Agent

HARRELL, TIMOTHY
3000 BAYVIEW DR.
FT. LAUDERDALE FL 33306

9. Name and Address of New Registered Agent

Name

Philip A. Disque

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

707 S.E. Third Avenue

Suite, Apt. #, Etc.

Suite 400

City

Fort Lauderdale,

State

FL

Zip Code

33316

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]
REGISTERED AGENT MUST SIGN

Date

11/16/99

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/16/99

Daytime Phone #