

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # **S68514**

1. Corporation Name

**MARINER PHYSICIAN SERVICES OF FLORIDA, INC.**

Mailing Address

Principal Place of Business

**431 NORTH KIRKMAN ROAD  
ORLANDO, FL 32811**

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

2. New Mailing Address, If Applicable

3. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**JULY 22, 1991**

5. FEI Number

Applied For

**59-3072856**

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

**FILED**

**97 JAN -3 PH 3:51**

**SECRETARY OF STATE  
TALLAHASSEE FLORIDA**

**REINSTATEMENT**

*96aw*

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PRES./ DIRECTOR	ARTHUR W. STRATTON, JR., M.D.	125 EUGENE O'NEILL DRIVE	NEW LONDON, CT 06320
SECY./ DIRECTOR	NANCY L. STRATTON	125 EUGENE O'NEILL DRIVE	NEW LONDON, CT 06320

**100002049591--6**

**-01/08/97--01002--008**

**\*\*\*\*383.75 \*\*\*\*383.75**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM  
c/o CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

Name

**SAME**

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

REGISTERED AGENT MUST SIGN

**EDWARD GWISDALLA**

Date **12/31/96**

**Assistant Vice President**

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information  
on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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

*Arthur W. Stratton Jr., M.D.*  
**President**

**12-27-96**

Date

**860-701-2105**

Daytime Phone #

CR2E040 (6/94)