

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 SEP 29 AM 9:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S74750**

1. Corporation Name

ROBERT D. WILLIAMS, M.D., P.A.

Principal Place of Business

~~636 PRUDENTIAL DR~~
~~SUITE 1405~~
JACKSONVILLE FL 32207

Mailing Address

~~636 PRUDENTIAL DR~~
~~SUITE 1405~~
JACKSONVILLE FL 32207

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

2. New Principal Office Address, If Applicable

1503 San Marco Blvd

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

Zip

32207

Country

3. New Mailing Office Address, If Applicable

1503 San Marco Blvd

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

Zip

32207

Country

DO NOT WRITE IN THIS SPACE

4. Date Incorporated or Qualified
To Do Business in Florida

08/19/1991

5. FEI Number

59-3079860

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 (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
D	WILLIAMS, ROBERT D.	636 PRUDENTIAL DR #1405 1503 SAN MARCO BLVD	JACKSONVILLE FL

REINSTATEMENT

95-97

SL 10-2-97

8. Name and Address of Current Registered Agent

AKEL, EDWARD C.
ONE INDEPENDENT DRIVE
SUITE 2301
JACKSONVILLE FL 32202

9. Name and Address of New Registered Agent

Name

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

300002310579-5

Suite, Apt. #, Etc.

10702797-01119-001

City

*****1080.00**

*****1080.00**

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

Edward C. Akel

REGISTERED AGENT MUST SIGN

Date

JUL 22 1997

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:

Robert D. Williams, M.D.

7/18/97 904-396-6939