

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1482

APPLICATION
FOR
REINSTATEMENT

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

FILED

98 NOV -6 AM 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

V37853 (1)

1. Corporation Name

MEDICAL DECISION SERVICES, INC.

Principal Place of Business

6458 N.W. 5th Way
Fort Lauderdale, FL
zip: 33309

Mailing Address

6458 N.W. 5th Way
Fort Lauderdale, FL 33309

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

2. New Principal Office Address, If Applicable

please note above

3. New Mailing Office Address, If Applicable

please note above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5/18/1992

5. FEI Number

65-0337828

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PSD	Jeanne Lauckhardt	6458 N.W. 5th Way	Fort Lauderdale, FL 33309
VP	Thomas J. Pettenato	6458 N.W. 5th Way	Fort Lauderdale, FL 33309

700002684537-3
-11/10/98--01054--006
****\$15.00 ****\$15.00

8. Name and Address of Current Registered Agent

W. Jeffrey Barnes
J. Barnes & Associates
4101 North East 16th Avenue
Fort Lauderdale, FL 33334
(address as of 10/16/98)

9. Name and Address of New Registered Agent

Name
Jeanne Lauckhardt, President
Street Address (P.O. Box Number is Not Acceptable)
6458 N.W. 5th Way
Suite, Apt. #, Etc.

City
Fort Lauderdale
State
FL
Zip Code
33309

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

Date 11/5/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

(paid)

Yes ☒

No ☐

(See other side for information
on intangible tax.)

12. 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)(f), 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
Jeanne Lauckhardt, President

11/5/98

Date

(954) 772-1631
Daytime Phone #

CR200-0 (1/98)



Medical Decision Services



Joint Commission
on Accreditation of Healthcare Organizations

Medical Equipment & Oxygen
Diverse Task Coordination
Supplies, Med-Surg.

November 5, 1998

T. Brumbley
State of Florida, Department of State
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

RE: MEDICAL DECISION SERVICES, INC.

Dear Ms. Brumbley:

Thank you for your expedience in getting our reinstatement forms to us.

I explained to Shawn, in your department, that we accidentally discovered an error after receiving a telephone call from a Payor source who was kind enough to send me a printout from your web site. Apparently our Agent of record, our Attorney, never received the Annual Report Filing Forms for our company. This was not noticed because of the nature of his business and unnoticed because of the nature of our business (medical) and our belief that our Agent was handling our affairs!

It goes without saying I will take the advice of Shawn and mark my calendar for the second week of February to look for the form. It is important to remain in goodstanding at all times.

Would you please treat the attached as urgent. We are Medicaid Providers and must keep our Bond status up to date. This discovery has put us in jeopardy.

Thank you for your help.

Very truly yours,

JEANNE LAUCKHARDT
President