

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

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

DOCUMENT # **158840**

1. Corporation Name **OVIEDO Pediatrics, PA**

Principal Place of Business

53 Alafaya woods Blvd

Mailing Address

Same

OVIEDO, Fla 32765

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

2. New Principal Office Address, If Applicable

2959 Alafaya TRAIL

Suite, Apt. #, etc.

Ste 101

City & State
OVIEDO Fla

Zip
32765

Country
Seminole

3. New Mailing Office Address, If Applicable

Same

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

8/17/1992

5. FEI Number

593139003

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
President	Maria L. Miller	3898 Golden meadow CT	OVIEDO, Fla 32765
Secretary	Judy Headlee	5560 S.E. 42nd CT	Ocala, Fla 34480

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-09/29/97-01150-009

*****915.00 ***915.00**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Judy Headlee
5560 SE. 42nd Court
Ocala, Fla 34480

Name

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

Judy A Headlee

REGISTERED AGENT MUST SIGN

Date

Sept 11, 1997

11. 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.)

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)(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

9/18/97
Date

(407) 3663321
Daytime Phone #