

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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



DOCUMENT # 602497

1. Corporation Name
JOSEPH A. EZZO, M.D., P.A.

Principal Place of Business Mailing Address

2106 TYRONE BOULEVARD ST PETERSBURG FL 33710
5380 Joe's Creek Dr. No. St. Petersburg, FL 33709

2106 TYRONE BOULEVARD ST PETERSBURG FL 33710
5380 Joe's Creek Dr. No. St. Petersburg, FL 33709

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

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip Country

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip Country

FILED
99 OCT 28 PM 5:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 1999

4. Date Incorporated or Qualified To Do Business in Florida 11/01/1970

5. FEI Number 59-1304984 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
PD	EZZO, JOSEPH A	2106 TYRONE BLVD. 5380 Joe's Creek Dr. No.	ST PETERSBURG FL 33709
D/15	RUSH, JOSEPH PATRICE N 9011 940	TYRONE BLVD & TYRONE 5440 Joe's Creek Dr. No.	ST PETERSBURG FL 33709
D	BARNER, ARTHUR J EZZO, CHRISTOPHER	2106 TYRONE BLVD. 10244 130 Way No.	ST PETERSBURG FL 33709
T	BARNER, ARTHUR J EZZO, CHRISTOPHER	2106 TYRONE BLVD. 10244 130th Way No.	ST PETERSBURG FL 33709
T	EZZO, HELEN J.	5380 JOE'S CREEK DR. N.	ST PETERSBURG FL 33709

7000030397272-0
-11/09/99--01063--005
****750.00 ****750.00

8. Name and Address of Current Registered Agent
EZZO, JOSEPH A
2106 TYRONE BLVD 5380 Joe's Creek Dr. No.
ST PETERSBURG FL 33709

9. Name and Address of New Registered Agent
Name: Same
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
FL

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] M.D., P.A.
Date: 10/25/99

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] M.D., P.A.
Date: 9/29/99 - 9341
Daytime Phone #