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 #

1. Corporation Name

H96985

STEVEN P. SCHWARTZ, M.D., P.A.

Principal Place of Business

SIGNATURE:

Mailing Address

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



96 SEP 25 AH 10: 13

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1022 S. I	MAIN STREET FL 34698	*	1022 S. MAIN STREET DUNEDIN FL 34698 rough incorrect information and enter correction below. 3. New Mailing Office Address, if Applicable 1/2/1 Overcesh Dr. Suite, Apt #, etc.			4. Date Incorporated or Qualified To Do Business in Florida 01/31/1986			
2 New Pr	incipal Office A . I Ove	ncorrect in any way, line the ddress, if Applicable CCSSA DC							
Oity & State Dunedin FL			City & State	edin	FL	5. FEI Number Applied For 59-2631850 Not Applied For			
Pφ	34618	Country UJA	Zip 346		Country USA	6. CERTIFICATE	OF STATUS DESIRED	\$8.75 Additional Fee required for a Certificate of Status	
7. Names Title(s)	es and Street Addresses of Each Officer and/or Director (Florida nonprof				Street Address of Eac	Street Address of Each		// State / Zip	
PD	SCHWARTZ, STEVEN P.			1002 MAIN ST., STE M			DUNEDIN FL 34698		
				v					
				0000019731009					
					4		****200.	00 ****200.00	
							1.4		
	8. Name	e and Address of Curren	Registered Age) int	Name	9. Name and Address of New Registered Agent Name			
SCHWARTZ, STEVEN P., M.D. -1022 S. MAIN ST. 1121 Overcash Drive CLEARWATER FL 81898 Dunedin, FL 34698					Street Address (Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.			
0. I, bain	g appointed the	registered agent of the et	ove named corpo	oration, am fa	City amiliar with and accept the c	obligations of Section		FL Zip Code	
Signature d Registered		y	KIOCH EGISTERED AG	ENT MUST	SIGN		Date 9/19/9	<u>.</u>	
11. Do De	pes this c	orporation pay	any intang . 199.032.	ible tax Florida	to the Statutes. Yes	⊠ No □		or side for information intangible tax.)	
2. I certify this rein	that I am an of istatement appl	llicer or director or the receilication, the reason for dis-	eiver or trustee en solution has been	npowered to eliminated, t	execute this application as	provided for in cha	of section 607.0401 or 6	rther certify that when filing 17.0401, F.S., that all fees F.S. The information indicated	