PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
07 JUN 27 PM 12:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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07/03/07--01015--013 **1050.00

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L37379

1. Corporation Name

TAMPA BAY PULMONARY ASSOCIATES, P.A.

REINSTATEMENT
05-07
CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #	**3.** Mailing Office Address
2810 WEST WATERS AVENUE	2810 WEST WATERS AVENUE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TAMPA, FLORIDA	City & State: TAMPA, FLORIDA
Zip: 33614 Country: USA	Zip: 33614 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 12/15/89

5. FEI Number: 650173173 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75

7. Name and Address of Current Registered Agent

Name: ASHOK MODH

Street Address (P.O. Box Number is Not Acceptable): 2810 WEST WATERS AVENUE

Suite, Apt. #, Etc.

City: TAMPA State: FL Zip Code: 33614

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent _____ Date _____
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	ASHOK MODH, MD	2810 W. WATERS AVENUE	TAMPA, FLORIDA 33614
D	NAISHADH MANDALIYA, MD	2810 W. WATERS AVENUE	TAMPA, FLORIDA 33614
D	JERGES CARDONA, MD	2810 W. WATERS AVENUE	TAMPA, FLORIDA 33614
D	NIRAV PATEL, MD	2810 W. WATERS AVENUE	TAMPA, FLORIDA 33614

10. 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 contained in Chapter 119, 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: _____ ASHOK MODH, MD 813-935-5501
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #