

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 JUN 10 PM 12:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P0000024809

1. Corporation Name

SOUTH TAMPA WELLNESS CENTER, P.A.

700020793027
06/11/03--01103--001 ***323.75

2. Principal Office Address

503 SOUTH BOULEVARD

Suite, Apt. #, etc.

3. Mailing Office Address

1611 WEST PLATT STREET

Suite, Apt. #, etc.

City & State

TAMPA FL

Zip

33606

Country

USA

City & State

TAMPA FL

Zip

33606

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

03/09/00

5. FEI Number

59-3651979

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

KEITH W. KOEHLER, CPA

Street Address (P.O. Box Number is Not Acceptable)

KOEHLER & COMPANY, P.A.

Suite, Apt. #, Etc.

1611 WEST PLATT STREET

City

TAMPA

State

FL

Zip Code

33606

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

Keith W. Koehler CPA

REGISTERED AGENT MUST SIGN

Date 5/29/03

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	DIASTI, SAM M.D.	503 SOUTH BOULEVARD	TAMPA, FL 33606

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 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/30/03 813-251-5628

Date

Daytime Phone #

CR2E081 (10/02)

7/6/10

KOEHLER & COMPANY

A PROFESSIONAL ASSOCIATION

CERTIFIED PUBLIC ACCOUNTANTS AND BUSINESS ADVISORS

MEMBERS OF THE AMERICAN
INSTITUTE AND THE FLORIDA
INSTITUTE OF CERTIFIED
PUBLIC ACCOUNTANTS

TELEPHONE (813) 258-1272
FACSIMILE (813) 258-2422
WEB SITE: WWW.CPA-TAMPA.COM
E-MAIL: KOEHLER@CPA-TAMPA.COM

May 29, 2003

Division of Corporations
Annual Report Filings/Reinstatement Section
Post Office Box 6327
Tallahassee, Florida 32314-6327

Re: South Tampa Wellness Center, P.A.
EIN: 59-3651979
Form : Annual Reports for 2002 and 2003

To Whom it May Concern:

This is in regards to the above referenced corporation. Please find enclosed Florida Corporation Reinstatement for tax years 2002 and 2003 and a check for \$323.75 in payment of the annual fees for the tax years 2002 and 2003, \$150.00 fee each year plus a \$15.00 fee and \$8.75 for a certificate of status.

The taxpayer had not received the annual report forms for the above tax years. Accordingly, the corporation was unknowingly dissolved by the State of Florida. Your office instructed us to prepare the attached form and send it in with the check for \$323.75 and an explanatory letter. We have hereby complied with this instruction.

We respectfully request that the above referenced corporation not be penalized due to the delinquency of these filings because they did not receive the annual report from the State and that the reinstatement fee of \$600 be waived.

If you require any further information or should you have any questions, please call me at (813) 258-1272.

Very Truly Yours,



Keith W. Koehler

cc: South Tampa Wellness Center, P.A.