

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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



FILED

99 NOV 19 PM 12: 27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000009934**

1. Corporation Name
OKEECHOBEE SURGICAL ASSOCIATES, INC.

Principal Place of Business Mailing Address

~~235 N.E. 19TH DRIVE~~ ~~235 N.E. 19TH DRIVE~~
OKEECHOBEE FL 34972 OKEECHOBEE FL 34972



REINSTATEMENT 99

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

2. New Principal Office Address, if Applicable
1655 HIGHWAY 441 NORTH
Suite, Apt. #, etc.

3. New Mailing Office Address, if Applicable
1655 HIGHWAY 441 NORTH
Suite, Apt. #, etc.

City & State
OKEECHOBEE, FLORIDA

City & State
OKEECHOBEE, FLORIDA

Zip **34972** Country **U.S.A.**

Zip **34972** Country **U.S.A.**

4. Date incorporated or Qualified To Do Business in Florida
01/29/1996 **SP**

6. FEI Number
65-0646252

Applied For
 Not Applicable

8. CERTIFICATE OF STATUS DESIRED

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	4 City / State / Zip
D	CHANG, JOHN DR.	235 N.E. 19TH DRIVE	OKEECHOBEE FL 34972
D	KURESHI, ZEFAR DR.	214 N.E. 19TH DRIVE	OKEECHOBEE FL 34972
D	GARCIA, MANUEL DR.	306 N.E. 19TH DRIVE	OKEECHOBEE FL 34972
D	ESPIRITO, MIGUEL DR.	304 N.E. 19TH DRIVE	OKEECHOBEE FL 34972
D	LANZA DR JOHN T LANZA, DR. JOAN T.	1916 HWAY 441 NORA	OKEECHOBEE FL 34972
D	JAMES, RICHARD DR.	245 N.E. 19TH DRIVE	OKEECHOBEE FL 34972

8. Name and Address of Current Registered Agent

CHANG, JOHN DR.
235 N.E. 19TH DRIVE
OKEECHOBEE FL 34972

9. Name and Address of New Registered Agent

Name **JOHN T. LANZA M.D.**

Street Address (P.O. Box Number is Not Acceptable)
1655 HIGHWAY 441 NORTH

Suite, Apt. #, Etc. **500003061115--1**

City **OKEECHOBEE**

12/06/99 01918-017
***750 FL ***34972

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0605, F.S.

Signature of Registered Agent **SIGNATURE REQUIRED** Date **10/15/99**

REGISTERED AGENT MUST SIGN

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)(f), 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 REQUIRED** Date **10/15/99** Daytime Phone # **94-357-6220**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OKEECHOBEE (99)