

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 OCT 28 PM 4:45

DOCUMENT # P98000026296

1. Corporation Name

HEALTH ASSOCIATES OF ST. PETERSBURG, P.A.

Principal Place of Business

3701 4TH ST. NORTH
ST. PETERSBURG FL 33704

Mailing Address

3701 4TH ST. NORTH
ST. PETERSBURG FL 33704



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

05-06-99-90131-033 \$150.00

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

03/20/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

593501200

Applied For

Not Applicable

City & State

City & State

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	PATEL, VIJAY	3701 4TH ST. NORTH	ST. PETERSBURG FL 33704
D	PATEL, KIRIT	3701 4TH ST. NORTH	ST. PETERSBURG FL 33704
D	SHAH, SAMIR	3701 4TH ST. NORTH	ST. PETERSBURG FL 33704
D	DESAI, HEMANT	3701 4TH ST. NORTH	ST. PETERSBURG FL 33704

10/13

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PATEL, SANDIP I
2240 BELLEAIR ROAD, STE. 160
C/O PATEL, MOORE, & O'CONNOR, P.A.
CLEARWATER FL 33764

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

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.

X SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/22/99

Date

721-321-7061

Daytime Phone #