

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1997 NOV -7 PM 12:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N39378

1. Corporation Name

FLORIDA SOCIETY OF AMBULATORY SURGICAL CENTERS, INC.

Principal Place of Business

502 E. JEFFERSON STREET
TALLAHASSEE FL 32301
US 32301

Mailing Address

502 EAST JEFFERSON STREET
TALLAHASSEE FL 32301
32301

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

2. New Principal Office Address, If Applicable

502 E. Jefferson St
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

502 E. Jefferson St
Suite, Apt. #, etc.

City & State

Tallahassee

City & State

Tallahassee

Zip

32301

Country

Zip

32301

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/06/1990

5. FEI Number

59-3033878

Applied For

Not Applicable

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 (Do NOT Use Post Office Box Numbers)	4 City, State, Zip
P	COHN, JEANIE ST. LOUIS, Donna	4500 SAN PABLO ROAD 539 PASADENA AVE. S.	JACKSONVILLE FL 32224 ST. PETERSBURG, FL 33707
S	ST. LOUIS, DONNA Parm, Gen	539 PASADENA AVE. S. 160 Boston Ave	ST. PETERSBURG FL 33707 Altamonte Springs, FL 32761
T	CHURCHWELL, PAT PARM, GEN	1340 PALMETTO AVE 160 BOSTON AVE.	WINTER PARK FL 32789 Altamonte Springs, FL 32701
D	BAUMANN, JEFFREY M.D. Dingman, Linda	17500 W HWY 441 1000 S. Orlando Ave	MT DORA FL 32757 Winter Park, FL 32789
D	SHAPIRO, DAVID M.D. Lortz, Paty	4035 EVANS AVE 17560 W HWY 441	FT MYERS FL 33901 AT Dora FL 32757
D	BROWN, PAT Holzen, Kenn	1405 S. ORANGE AVE., STE 400 4800 Linton Blvd, Ste B	ORLANDO FL 32806 Delray Beach, FL 33445

8. Name and Address of Current Registered Agent

LOHRENGEL, PETER
335 BEARD STREET
TALLAHASSEE FL 32303

9. Name and Address of New Registered Agent

Name
LOHRENGEL, PETER
Street Address (P.O. Box Number is Not Acceptable)
502 EAST JEFFERSON STREET
Suite, Apt. #, Etc.
City
TALLAHASSEE
State
FL
Zip Code
32301

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

Peter D. Lohrengel
REGISTERED AGENT MUST SIGN

Date 10/26/97

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. 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:

Donna J. Lohrengel
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-6-97

Date

Daytime Phone #

CR2E040 (8/97)



**FLORIDA SOCIETY OF
AMBULATORY SURGICAL CENTERS**

October 28, 1997

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

As the registered agent for the Florida Society of Ambulatory Surgical Centers (N39378), I am writing in response to the recent Notice of Administrative Dissolution or Revocation. Regrettably, the Society did not receive the annual report notices prior to this revocation notice.

We are enclosing the fee for the annual report and ask that due to the circumstance no revocation occur. We have noted corrections to the address which may have caused the mail to not be delivered.

Sincerely,

Peter A. Lohrengel
Registered Agent
Florida Society of Ambulatory Surgical Centers

cc. Donna St. Louis, President