

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 JUL 14 AM 8:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000020000

1. Corporation Name

PROFESSIONAL CENTER FOR INTERNAL MEDICINE INC

100021587301  
07/16/03--01024--004 \*\*150.00

100021587301  
07/16/03--01024--003 \*\*150.00

2. Principal Office Address

13911 LAKESHORE BLVD.

Suite, Apt. #, etc.

SUITE G

City & State

HUDSON, FL 34667

Zip

34667

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

03/05/96

5. FEI Number

59-3390527

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

KUTTY, MOHAN

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

13911 LAKESHORE BLVD.

Suite, Apt. #, Etc.

SUITE G

City

HUDSON

State

FL

Zip Code

34667

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

*Mohan Kutty*  
REGISTERED AGENT MUST SIGN

Date 7/3/03

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
P/D	KUTTY, MOHAN	13911 LAKESHORE BLVD#G	HUDSON, FL 34667

01-03 UBR

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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:

*Mohan Kutty*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/3/03

Date

727-862-9080

Daytime Phone #

CR2E081 (10/02)

**JOHN T. WEAVER, CPA, P.A.**

**Certified Public Accountant**

**3601 SWANN AVE, STE 207**

**TAMPA, FLORIDA 33609**

**Telephone: 813-870-0084 \*\*\* Cell Phone 813-785-7374 \*\*\* Fax 813-870-0084**

July 8, 2003

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

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**RE: Corporation Reinstatement  
Professional Center for Internal Medicine, Inc.  
Document Number: P96000020000**

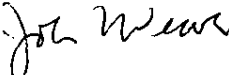
Dear Tyrone:

I talked with you several weeks ago about getting a corporation reinstated. You told me that the Secretary of State would consider reinstatement if the forms were never received.

The reason this corporation did not file their annual reports was that their address changed and they did not receive the UBRs. The officers were unaware of this until I looked them up on "sunbiz.org". Please accept our checks for the UBRs for 2001, 2002, and 2003. I believe that this would be considered as reasonable cause to reinstate the corporation.

I really thank you for your assistance in this matter. If you need additional information or I can answer any questions for you, please call me at 813-870-0084.

Sincerely,



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John T. Weaver  
Certified Public Accountant