

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

DOCUMENT # 476974

1. Corporation Name
PUPELLO, BESSONE AND LOPEZ-CUENCA, M.D.'S, P.A.

Principal Place of Business Mailing Address

2814 W. VIRGINIA AVE. 2814 W. VIRGINIA AVE.
TAMPA FL 33607-3330 TAMPA FL 33607-3330

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

2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable

3003 W. M.L. King Suite, Apt. #, etc. Suite, Apt. #, etc.
Ste 202 PO Box 52169
City & State Tampa FL City & State Tampa FL
Zip 33607 Country USA Zip 33684 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 06/01/1975

5. FEI Number 59-1593568 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)			
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	PUPELLO, DENNIS F.	2814 W. VIRGINIA AVE.	TAMPA, FL
VD	BESSONE, LUIS N.	2814 W. VIRGINIA AVE.	TAMPA, FL
SD	LOPEZ-CUENCA, ENRIQUE	2814 W. VIRGINIA AVE.	TAMPA, FL 33607
SD	BROCK, JOHN C.	2814 W. VIRGINIA AVE.	TAMPA, FL 33607
SD	ALKIRE, MARK J.	2814 W. VIRGINIA AVE.	TAMPA, FL 33607
SD	IZZO, EDWARD G. JR.	2814 W. VIRGINIA AVE.	TAMPA, FL 33607

8. Name and Address of Current Registered Agent

PUPELLO, DENNIS F.
2814 W VIRGINIA AVE
TAMPA FL 33607-3330

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc. 300004668973--0
City 11/06/01--01055--004
****150.00 State FL ****150.00

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 *[Signature]* Date 10.17.01
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)(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]* 10.17.01 813879-33607
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

PROCESSED AND FILED
01 OCT 22 PM 12:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



EP

CR2E040 (8/01)



PUPELLO & LOPEZ-CUENCA, M.D.'s, P.A.

CARDIAC, THORACIC AND VASCULAR SURGERY

October 17, 2001

Dennis F. Pupello, M.D.
Enrique Lopez-Cuenca, M.D.
Robert R. Lazzara, M.D.

Florida Dept. of State
Division of Corporations
P O Box 6327
Tallahassee, FL 32314-6327

RE: Document #476974

Hugo S. Mendez, RN, CNFA, RNFA
Salvatore J. Armenia, PA-C
Margie Z. Butler, A.R.N.P.

Gentlemen,

The afore-referenced corporation is no longer an active medical practice, but we need to keep it registered because we are still collecting old receivables. Unfortunately, we never received the original renewal application. When we closed the practice, we moved to the Medical Arts Building of St. Joseph's Hospital and opened Pupello & Lopez-Cuenca, M.D.'s, P.A.

Our mailing address is P. O. Box 152169, Tampa, FL 33684-2169. Our location is 3003 W. M. L. King Blvd., Suite 202, Tampa, FL 33607.

Please consider accepting the enclosed payment of \$150.00 to reinstate this corporation.

Thank you,

Ann Clanton
Bookkeeping

ST. JOSEPH'S HOSPITAL
MEDICAL ARTS BLDG., 2ND FLOOR
3003 W. DR. MARTIN LUTHER KING, JR. BLVD.
TAMPA, FLORIDA 33607
(813) 875-8988
FAX: (813) 876-9827

MAILING ADDRESS:
P.O. Box 152169
TAMPA, FL 33684-2169