

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



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

APPLICATION
FOR AR

APPROVED
AND
FILED

DOCUMENT # **576919**

1996 SEP 23 PM 3:24

1. Corporation Name

LAWRENCE B. SAVITSKY, M.D., P.A.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

1609 PASADENA AVENUE SOUTH
SOUTH PASADENA FL 33707

1609 PASADENA AVENUE SOUTH
SOUTH PASADENA FL 33707



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

2. New Principal Office Address, If Applicable 1615 PASADENA AVENUE SOUTH		3. New Mailing Office Address, If Applicable 1615 PASADENA AVENUE SOUTH		4. Date Incorporated or Qualified To Do Business In Florida 07/01/1978	
Suite, Apt. #, etc. SUITE 430		Suite, Apt. #, etc. SUITE 430		5. FEI Number 59-1835561	
City & State ST. PETERSBURG FL		City & State ST. PETERSBURG FL		Applied For <input type="checkbox"/> Not Applicable	
Zip 33707		Country USA		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
PD	SAVITSKY, LAWRENCE B.	1609 PASADENA AVE SOUTH	SOUTH PASADENA FL
		1615 PASADENA AVE SOUTH SUITE 430	ST. PETERSBURG FL 33707
			700001974977--2 -10/15/96--01193--002 ****225.00 ****225.00
			SCC 9-23-96

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SAVITSKY, LAWRENCE B.
1609 PASADENA AVENUE SOUTH
SOUTH PASADENA FL 33707

Name

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

1615 PASADENA AVENUE SOUTH

Suite, Apt. #, Etc.

SUITE 430

City

ST. PETERSBURG

State

FL

Zip Code

33707

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

Lawrence B. Savitsky
THE REGISTERED AGENT MUST SIGN

Date

9/18/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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)(l), 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:

Lawrence B. Savitsky **LAWRENCE B. SAVITSKY MD** **9/18/96** **813-384-4555**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (7/96)