

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 MAR 25 PM 1:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 626499

1. Corporation Name

RICHARD FRANKLIN OTT, M.D., P.A.

500005253525-4

-04/11/02--01042--015

***308.75 ***308.75

2. Principal Office Address

3536 N. FEDERAL HWY.

Suite, Apt. #, etc.

#SUITE 100

City & State

FT. LAUDERDALE, FL

Zip

33308

Country

USA

3. Mailing Office Address

3536 N. FEDERAL HWY

Suite, Apt. #, etc.

SUITE 100

City & State

FT. LAUDERDALE, FL

Zip

33308

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

6/19/79

5. FEI Number

59-1905378

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

7. Name and Address of Current Registered Agent

Name

RICHARD F. OTT, M.D.

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

3536 N. FEDERAL HIGHWAY

Suite, Apt. #, Etc.

SUITE #100

City

FT. LAUDERDALE

State

FL

Zip Code

33308

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

Date 3-20-02

REGISTERED AGENT MUST SIGN

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
PRES	RICHARD F. OTT, M.D.	3536 N. FEDERAL HWY SUITE #100	FT. LAUDERDALE, FL 33308

01-02 482 78

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD F. OTT, M.D.

Date

3-20-02

Daytime Phone #

954-564-2800

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RICHARD F. OTT, M.D. / PLASTIC & RECONSTRUCTIVE SURGERY

3536 NORTH FEDERAL HIGHWAY
SUITE 100

FORT LAUDERDALE, FLORIDA 33308

DIPLOMATE
AMERICAN BOARD

OF PLASTIC
SURGERY

954/564-2800

954/568-3033 FAX

March 20, 2002

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

To Whom It May Concern:

This letter is notification that I did not receive the 2001 Uniform Business Report. My office was closed for 18 months during which time I was on sabbatical and spent a good portion of it out of the country operating on children with congenital deformities.

I resumed private practice in November 2001. My new address is:

3536 North Federal Highway
Suite 100
Ft. Lauderdale, Florida 33308

Enclosed please find a check in the amount of \$308.75 for year 2001, 2002 and certificate of status and application of reinstatement.

Thank you for your assistance in this matter.

Sincerely,

Richard F. Ott, MD

Enclosures