

pg 10 F2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 JUL 21 PM 3:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 633432

1. Corporation Name

George William Lose, M.D., P.A.

2. Principal Office Address

1463 Tangier Way

Suite, Apt. #, etc.

City & State

Sarasota, FL

Zip

34239

Country

Sarasota

3. Mailing Office Address

1463 Tangier Way

Suite, Apt. #, etc.

City & State

Sarasota, Florida

Zip

34239

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

08/22/1979

5. FEI Number

591942519

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

George W. Lose

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

1463 Tangier Way

Suite, Apt. #, Etc.

City

Sarasota

State

FL

Zip Code

34239

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

*George W. Lose M.D. PA*  
REGISTERED AGENT MUST SIGN

Date

3/24/04

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.	George William Lose	1463 Tangier Way	Sarasota, FL 34239
Vice Pres.	Barbara F. Lose	1463 Tangier Way	Sarasota, FL 34239
Secy	Barbara F. Lose	1463 Tangier Way	Sarasota, FL 34239

700038493077  
07/01/04 - 01007 - 005 \$4300.00

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:

*Barbara F. Lose*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Mar. 24/2004 - 941-365-3819

Daytime Phone #

CR2E081 (01/04)

Attachment

PS 2 of 2  
633432



G. WILLIAM LOSE, M.D. P.A.

DIPLOMATE, AMERICAN BOARD  
OF PSYCHIATRY AND  
NEUROLOGY

CERTIFIED BY THE AMERICAN  
SOCIETY OF ADDICTION  
MEDICINE

DIPLOMATE, AMERICAN  
BOARD OF ADDICTION  
MEDICINE

DIPLOMATE, AMERICAN  
BOARD OF PSYCHIATRY  
AND NEUROLOGY WITH  
ADDED QUALIFICATIONS IN  
ADDICTION PSYCHIATRY

1463 TANGIER WAY  
SARASOTA FLORIDA 34239  
(941) 953-4397

March 24, 2004

State of Florida  
Corporate Renewal (Reinstatement  
of Profit Corporation

Re: George William Lose, M.D. P.A.  
License Cost

Dear Appeal Board,

I am writing to ask that I  
pay \$300.00, instead of the \$750.00  
fee.

In Nov. of 2002, I had to retire.  
I had spinal surgery at Cleveland  
Clinic + developed a staph infection  
in the wound site. After 2 months  
in hospital + near death, I was  
airflighted to Miami, (another month  
where front + back of spine had to  
be opened, all hardware taken out,  
+ steel rods put in. I have osteomyelitis  
of the bone, but now can walk.

My previous address 2001 was 1857  
Playa St. Then 2002 I moved into  
Bayside Hospital at 1625 S. Osprey.  
Evidently corporation renewal  
papers weren't rec'd by us until  
our accountant sent us form to renew  
on internet for 2004.  
Enclosed is application + \$300.00 Check

Sincerely,  
G. William Lose

encl/1600