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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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03/28/07--01021--011 **450.00

REINSTATEMENT

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 686155

1. Corporation Name
STEPHEN A. GOLDMAN, M.D., P.A.

2. Principal Office Address - No P.O. Box # 5723 HIGH STREET		3. Mailing Office Address 5723 HIGH STREET	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State NEW PORT RICHEY, FL		City & State NEW PORT RICHEY, FL	
Zip 34652	Country USA	Zip 34652	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 08-29-80

5. FEI Number 59-2035079	Applied For Not Applicable
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6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
STEPHEN A. GOLDMAN, M.D.


Street Address (P.O. Box Number is Not Acceptable)
5723 HIGH STREET

Suite, Apt. #, Etc.

City NEW PORT RICHEY	State FL	Zip Code 34652
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The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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.

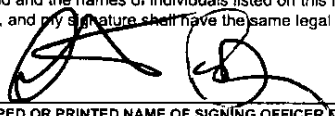
Signature of Registered Agent  REGISTERED AGENT MUST SIGN

Date 3-6-07

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
PST	STEPHEN A. GOLDMAN	5723 HIGH STREET	NEW PORT RICHEY, FL 34652

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 contained in Chapter 119, 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:  Stephen Goldman 3-6-07 727-449-8771

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

B. Mitchell MAR 15 2007

Zofz

February 27, 2007

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RE: Stephen A. Goldman, MD, PA
FEIN: 59-2035079
DOCUMENT #: 686155
FORM: Corporation Renistatement

Dear Sir or Madam:

In reference to the above mentioned entity, please be aware that we never received any forms for annual filing or notification that the corporation would be dissolved.

Please accept our check in the amount of \$450.00 (2005 - 2007) and waive any applicable reinstatement fees since our office never received the filing/notification forms.

Thank you for your assistance in this matter.

Very Truly Yours,

Stephen A. Goldman, MD
President