PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION **FOR** REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

691496

1. Corporation Name

RONALD M. TUTTELMAN, M.D., P.A.

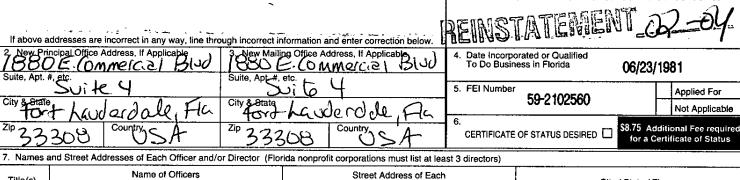
Principal Place of Business

Mailing Address

5601 N. DIXIE HIGHWAY FORT LAUDERDALE FL 33334

5601 N. DIXIE HIGHWAY FORT LAUDERDALE FL 33334

FILED 04 MAR 26 PH 3: 33 SECRETARY UF STATE TALLAHASSEE, FLORID



7. Names a	and Street Addresses of Each Officer and	/or Director (Flori	da nonprofit corporations m	ust list at least 3 direc	ctors)		
Title(s) 1	Name of Officers and/or Directors			lress of Each d/or Director	4	City / State / Zip	
Р	TUTTELMAN, RONALD M., MD		5601 N. DIXIE HIGHWA	V, SUITE 415	FORT LA	AUDERDALE FL 33334	
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-w-74							
Name and Address of Current Registered Agent				9. Name and Address of New Registered Agent			
Tuttelman, ronald m, md 5601 n. dixie highway Suite #415				Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Stille-Ant # Fin			

TUTTELMAN, RONALD M, MD 5601 N. DIXIE HIGHWAY **SUITE #415** FORT LAUDERDALE FL 33334

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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. or 617.0505, F.S.

Signature of Registered Agent

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 filling 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. 954-328=

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #