

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

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

1880 E. Commercial Blvd
Suite, Apt. #, etc. Suite 4

1880 E. Commercial Blvd
Suite, Apt. #, etc. Suite 4

City & State Fort Lauderdale, Fla

City & State Fort Lauderdale, Fla

Zip 33308 Country USA

Zip 33308 Country USA

4. Date Incorporated or Qualified
To Do Business in Florida

06/23/1981

5. FEI Number

59-2102560

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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	4 City / State / Zip
P	TUTTELMAN, RONALD M., MD	5601 N. DIXIE HIGHWAY, SUITE 415	FORT LAUDERDALE FL 33334

400031281274
03/26/04--01086--011 **1050.00

8. 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
FORT LAUDERDALE FL 33334

Name Tuttelman, Ronald, m md
Street Address (P.O. Box Number is Not Acceptable)
1880 E. Commercial Blvd
Suite, Apt. #, Etc. Suite 4
City Fort Lauderdale State FL Zip Code 33309

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

Ronald M. Tuttelman

Date

3-24-2004

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 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:

Ronald M. Tuttelman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-24-2004

954-328-6022

FILED

04 MAR 26 PM 3:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 02-04

CR2E040 (8/02)