

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 692905

1 Corporation Name

MICHAEL W. Kempfin, M.D., P.A.

FILED

97 MAY 27 PM 12:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

SARASOTA SURGERY CENTER
983 South BENJAMIN ROAD
SARASOTA, Florida 34232

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

REINSTATEMENT 92-97

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

6/30/81

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2151166

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	Michael W. Kempfin, MD	6128 Cypress Circle	BRADENTON, FL 34202
S	Michael W. Kempfin, MD	6128 Cypress Circle	BRADENTON, FL 34202

200002196692--2
-05/30/97--01103--012
***1575.00 ***1575.00

5/25/97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MICHAEL W. Kempfin, MD
6128 Cypress Circle
BRADENTON, Florida 34202

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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.

Signature of
Registered Agent

Michael W. Kempfin, MD

REGISTERED AGENT MUST SIGN

Date

5/14/97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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:

Michael W. Kempfin, MD

Michael W. Kempfin, MD

Date

Daytime Phone #

5/14/97 941-3652
5355

CR2E040 (12/96)