

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR



FLORIDA DEPARTMENT OF STATE  
Sandrine B. Matham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

98 NOV 23 AM 10:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 697543

1. Corporation Name  
HENRY EARL COTMAN, M.D., P.A.

Principal Place of Business	Mailing Address
% HENRY EARL COTMAN, MD 701 SIXTH STREET, SOUTH ST. PETERSBURG FL 33701	% HENRY EARL COTMAN P.O. BOX 383 ST. PETERSBURG FL 33731

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		4. Date Incorporated or Qualified To Do Business in Florida 08/05/1981	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-2231805	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
S	COTMAN, JACQUILINE E.	205 ARANDA STREET N.E.	ST PETERSBURG FL
PD	COTMAN, HENRY EARL	205 ARANDA STREET N.E.	ST PETERSBURG FL

200002703892--4  
-12/04/98--01107--024  
\*\*\*\*150.00 \*\*\*\*150.00

B- 11/25/98 HRC

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
COTMAN, HENRY EARL 701 SIXTH STREET, SOUTH ST. PETERSBURG FL 33701		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State
		FL	

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 \_\_\_\_\_ **SIGNATURE REQUIRED** \_\_\_\_\_ Date \_\_\_\_\_  
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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)(f), 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:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
HENRY EARL COTMAN, M.D. Date: 11/20/98 Daytime Phone #: (727) 578-0891

CR2E040 (9/88)



**THE P.M. GROUP TAMPA BAY**

11300 4th Street North • Suite 114 • St. Petersburg, FL 33716 • (813) 578-0891 • Fax (813) 576-7649

2

TO WHOM IT MAY CONCERN:

Dear Sir:

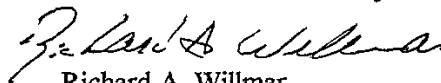
As per our phone conversation we are at a loss as to why our original return has not been received.

Our records indicate check number 1993 in the amount of \$150.00 dated April 21, 1998 was made out to Florida Department of Revenue. You indicated this may be part of the problem that the check should have been made out to Florida Department of State.

We are enclosing another check along with the form you requested. Hopefully this will resolve the matter.

We appologize for any inconvienece this may have caused you.

Sincerely,

  
Richard A. Willmar