

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>APPLICATION FOR REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 762661</b>			
1. Corporation Name <b>PASCO COUNTY MEDICAL SOCIETY ALLIANCE, INC.</b>			
Principal Place of Business P.O. BOX 63 NEW PT. RICHEY FL 34656 US		Mailing Address PO BOX 63 NEW PT. RICHEY FL 34656 US	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable <i>same as above</i>		3. New Mailing Office Address, If Applicable <i>same as above</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Date Incorporated or Qualified To Do Business in Florida <b>03/30/1982</b>		5. FEI Number <b>59-6515276</b>	
6. CERTIFICATE OF STATUS DESIRED <input checked="" 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)			
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	<del>KAHEN, LISA</del> <i>Gilberg, Sharon - Pres/Director</i>	<del>10850 ALICO PASS</del> <i>2101 Alexis Ct</i> <i>Tarpon Springs FL 34689</i>	<del>NEW PORT RICHEY FL 34655</del> <i>Tarpon Springs FL 34689</i>
SD	<del>TANNENBAUM, BEVIE - Secretary/Director</del>	<del>HALLO ST 5128</del> <i>Haltata Court</i>	<del>NEW PORT RICHEY FL 34655</del>
SD	<del>BREEDMAN, MYRA - Treasurer/Director</del>	<del>PANICUM CT</del> <i>10832 Panicum Ct</i>	<del>NEW PORT RICHEY FL 34655</del>
TD RS/D	<del>GILBERG, SHARON - Sigmam, Ellen</del> <i>Recording Secretary/Director</i>	<del>2101 ALEXIS CT</del> <i>Capitol Drive</i>	<del>TARPON SPRINGS FL 34689</del> <i>Palm Harbor FL 34685</i>
100004685631-3 -11/16/01--01070--016 ****183.75 ****183.75			
8. Name and Address of Current Registered Agent <b>KAHEN, LISA</b> <b>10850 ALICO PASS</b> <b>NEW PORT RICHEY FL 34655</b>		9. Name and Address of New Registered Agent Name <i>Sharon Gilberg</i> Street Address (P.O. Box Number is Not Acceptable) <i>2101 Alexis Court</i> Suite, Apt. #, Etc. City <i>Tarpon Springs</i> State <b>FL</b> Zip Code <b>34689</b>	
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0605, F.S.			
Signature of Registered Agent <i>Sharon Gilberg</i> REGISTERED AGENT MUST SIGN		Date <i>10/25/01</i>	
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: <i>Sharon Gilberg</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <i>10/25/01</i> Daytime Phone # <i>727-415-7920</i>	

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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