

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F56032

1. Corporation Name

DAVID H. GOLDSTEIN, M.D., P.A.

Principal Place of Business

Mailing Address

2919 SWANN AVE SUITE 202
TAMPA FL 33609

2919 SWANN AVE SUITE 202
TAMPA FL 33609

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 NOV 17 AM 8:47



REINSTATEMENT 03

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

12/01/1981

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2121240

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	GOLDSTEIN, DAVID	2919 SWANN AVE SUITE 202	TAMPA FL 33609

000024764890
11/17/03-01105-005 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GOLDSTEIN, DAVID
2919 SWANN AVE., SUITE 202
TAMPA FL 33609

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

Date

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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)

2/2

PULMONARY ASSOCIATES OF TAMPA

DAVID H. GOLDSTEIN, M.D.

Diplomate American Board of Internal Medicine
Diplomate American Board of Pulmonary Disease

LEONARD Y. COSMO, M.D.

Diplomate American Board of Internal Medicine
Diplomate American Board of Pulmonary Disease
Diplomate American Board of Sleep Medicine
Diplomate American Board of Critical Care Medicine
Fellow American College of Chest Physicians
Fellow American Academy of Sleep Medicine

November 5, 2003

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box #6327
Tallahassee, Florida 32314-6327

RE: David H. Goldstein, MD, PA
FEIN: 59-2121240
DOCUMENT #: F56032
FORM: Corporation Renistatement

Dear Sir or Madam:

In reference to the above mentioned entity, please be aware that we did not receive the Uniform Business Report, 1st or 2nd notice for annual filing.

Please accept our check in the amount of \$150.00 as payment and waive any reinstatement fees since no forms were ever received from you.

Thank you for your assistance in this matter.

Sincerely,



David H. Goldstein