

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV -6 PM 12:47

DOCUMENT # **H62733**

1. Corporation Name

SUNCOAST UROLOGY, P.A.

SECRETARY OF STATE
900008835989
11/06/02--01123--023 **750.00

Principal Place of Business

13906 LAKESHOR BLVD. SUITE 320
HUDSON FL 34667

Mailing Address

13906 LAKESHOR BLVD. SUITE 320
HUDSON FL 34667



REINSTATEMENT

02

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

07/01/1985

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2548591

Applied For

City & State

City & State

Not Applicable

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
DP	SCHOULTZ, NILS A.	13906 LAKESHORE BLVD	HUDSON FL
STD	ALAGNA, MARK A.	13906 LAKESHORE BLVD.	HUDSON FL
STD	TANNENBAUM, ARNIE B	13906 LAKESHORE BLVD	HUDSON FL
STD	SADLER, BARRY	13906 LAKESHORE BLVD	HUDSON FL 34667

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JAMES P. HINES, ESQUIRE
HINES, NORMAN & ASSOCIATES, P.A.
315 HYDE PARK AVENUE
TAMPA FL 33606

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

CR2E040 (8/02)

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]
SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 11-01-02

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]
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/24/02 727 8628548