

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

04 FEB 25 AM 9:32

SECRETARY OF STATE  
REINSTATEMENT  
FLORIDA

03-04

DOCUMENT # **K24244**  
1. Corporation Name  
**BAYSIDE UROLOGY, INC.**

200028919582  
02/17/04--01025--003 \*\*150.00

2. Principal Office Address <b>501 S LINCOLN AVENUE</b>		3. Mailing Office Address	
Suite, Apt. #, etc. <b>11</b>		Suite, Apt. #, etc.	
City & State <b>CLEARWATER, FL</b>		City & State	
Zip <b>33756</b>	Country <b>PINELLAS</b>	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida <b>5/16/1988</b>	
5. FEI Number <b>59-2902862</b>	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent			
Name <b>CESAR R ABREU</b>			
Street Address (P.O. Box Number is Not Acceptable) <b>501 S LINCOLN AVENUE</b>		200028919582 02/25/04--01007--002 ** 50.00	
Suite, Apt. #, Etc. <b>11</b>			
City <b>CLEARWATER</b>		State <b>FL</b>	Zip Code <b>33756</b>

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0506 or 617.0608, F.S.

Signature of Registered Agent *[Signature]* Date **02/13/04**

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P,S,T	CESAR R ABREU	501 S LINCOLN AVENUE	CLEARWATER, FL 33756

10. 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 118.07(2)(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]* Date **02/13/04** (727) 447-4898

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Tu*

# Bayside Urology

Cesar Abreu, M.D.

**Main Office:**

**Clearwater**

501 S. Lincoln Ave.  
Suite 11  
Clearwater, FL 33756

**Dunedin**

Mease Medical Arts Bldg.  
601 Main St.  
5th Floor  
Dunedin, FL 34698

Phone:

**(727) 443-4505**

Fax:

(727) 441-9879

FEBRUARY 13, 2003

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
P.O. BOX 6327  
TALLAHASSEE, FL. 32314

Dear Sir/Madam,

Recently my accountant made me aware that I had not paid my annual fee due with my UBR, upon further research I realized that I had not received a form from the division of corporations in 2003, I called the Division of Corporations and they confirmed that the 2003 fee had not been paid. I was told by the agent that I spoke to at the Department of State to request that the reinstatement fee be waived due to this oversight and send in reinstatement form with the \$150 fee.

I have enclosed a reinstatement form with my current address and phone number. I hope this will bring me to a current status for future filings. If you need to contact me please do at the phone number on the report.

Thank you Very Much,



CESAR R. ABREU, MD



**FLORIDA DEPARTMENT OF STATE**  
Glenda E. Hood  
Secretary of State

February 17, 2004

BAYSIDE UROLOGY, P.A.  
501 S. LINCOLN AVE  
SUITE 11  
CLEARWATER, FL 34616

SUBJECT: BAYSIDE UROLOGY, P.A.  
Ref. Number: K24294

We have received your document for BAYSIDE UROLOGY, P.A. and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Because your reinstatement was not completed in time for you to receive a annual report form/uniform business report, we must collect the fee(s) due for the current calendar year. Therefore, the total amount due to reinstate the entity is \$300.00.

There is a balance due of \$150.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Justin M Shivers  
Document Specialist

Letter Number: 804A00010805