

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

10/2

APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE
Katharine H.
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 OCT 19 AM 11:40

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # K30936

1. Corporation Name

LAGOMARSINO MEDICAL, INC.

Principal Place of Business

Mailing Address

7027 WEST BROWARD BLVD.
SUITE 221
FORT LAUDERDALE FL 33317

7027 WEST BROWARD BLVD.
SUITE 221
FORT LAUDERDALE FL 33317

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
8201 PETERS ROAD

3. New Mailing Office Address, If Applicable
SAME

4. Date Incorporated or Qualified
To Do Business in Florida

08/12/1988

Suite, Apt. #, etc.
SUITE 1000

Suite, Apt. #, etc.
11

5. FEI Number

65-0063044

Applied For
Not Applicable

City & State
FORT LAUDERDALE - FL

City & State
11

Zip
33324

Country
USA

Zip
11

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	LAGOMARSINO, ARTURO C.	900 E COCO PLUM CIR	PLANTATION FL
D	LAGOMARSINO, ALDA C.	900 E COCO PLUM CIR	PLANTATION FL

500003448055--3
-11/01/00--01125--005
***150.00 ***150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LAGOMARSINO, ARTURO C.
7027 W. BROWARD BLVD.
SUITE 221
FORT LAUDERDALE FL 33317

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.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 10/16/2000

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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ARTURO C. LAGOMARSINO

10/16/2000 954-424-3336

Date

Daytime Phone #

CR2E040 (800)

KE



LAGOMARSINO MEDICAL, INC.

CrossRoads Office Park - 8201 Peters Road, Suite 1000 - Fort Lauderdale, Florida 33324

Phone: (954) 424-3336 - Faxes: (954) 424-3661 - 252-4052

E-mail: Alagomarsino@compuserve.com

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October 16, 2000

Division of Corporations
Attention: Ms. Katherine Harris
P.O. Box 6327
Tallahassee, Florida 32314

Dear Ms. Harris:

I have received in the mail a "Notice of Administrative Dissolution or Revocation" for not having paid the \$150.00 due in 2000. The reason for it is that our address changed over one year ago and we did not receive the renewal form.

I called your office today and was told to inform you of our change of address and to send you a check for \$150.00 for the correspondent renewal.

Thanking you in advance for your attention to this matter, I remain,

Yours truly,

A handwritten signature in dark ink, appearing to read 'Arturo C. Lagomarsino', is written over a printed name and title.

Arturo C. Lagomarsino
President

AL/ac

Enclosure