

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

2001 UBR

FILED

01 DEC 28 PM 4:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K 56381

1. Corporation Name

KISSIMMEE SURGERY CENTER, INC.

100004765511--2

--01/10/02--01077--013

****150.00 ****150.00

2. Principal Office Address

2275 N. CENTRAL AVE.

Suite, Apt. #, etc.

City & State

KISSIMMEE, FL

Zip

34741

Country

OSCEOLA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

12/30/88

5. FEI Number

592938045

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Scott Gordon, MD

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

604 Oak Commons Blvd

Suite, Apt. #, Etc.

Kissimmee,

City

Kissimmee

State

FL

Zip Code

34741

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Scott Gordon

REGISTERED AGENT MUST SIGN

Date 12/19/01

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
MD	Scott Gordon	604 & 604 Oak Commons Blvd	Kissimmee, FL 34741
MD	Manuel Agustines	505 W. Oak St, Suite 202	Kissimmee, FL 34741
MD	Napoleon Estrada	812 W. Oak St	Kissimmee, FL 34741

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 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:

Scott Gordon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/19/01

Date

407-870-0573

Daytime Phone #

CR2001 (9/00)

208

Kissimmee Surgery Center

2275 North Central Avenue
Kissimmee, Florida 34741
Phone: (407) 870-0573 Fax: (407) 870-1859

Dec
November 21, 2001

Division of Corporation
Attn: Reinstatement Corporation
P. O. Box 6327
Tallahassee, FL 32314

RE: Kissimmee Surgery Center
FEID: 59-2930845
Document No. K56381

Dear Sir or Madam:

The above mentioned corporation was dissolved due to non-receipt of annual report for the year 2001. Enclosed please find the necessary paperwork along with a check in the amount of \$150.00 for the reinstatement of the corporation.

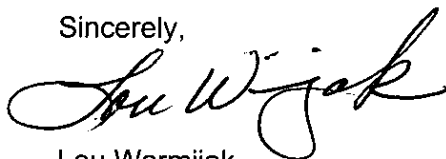
Paper work for the completion of this report was never received by Kissimmee Surgery Center. Due to this I am requesting a waiver of the \$600 late fee.

This letter also serves as authorization to change the address to:

Kissimmee Surgery Center
2275 North Central Avenue
Kissimmee, FL 34741

I apologize for any inconvenience caused. Feel free to call me at (407) 870-0573 x 224 if you should have any questions or need additional information.

Sincerely,



Lou Warmijak
Administrator