PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. PS 10Fa

APPLICATION FOR REINSTATEMENT

02 NOV 25

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

FILED
02 NOV 25 PM 1:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L06267

1. Corporation Name

SUNCOAST LUNG CENTER, P.A.

Principal Place of Business	Mailing Address
% HOWARD DIENER ~~BLDG C/STE C~~ 3920 BEE RIDGE RD; C,C SARASOTA FL 34233 US	% HOWARD DIENER ~~BLDG C STE C~~ 3920 BEE RIDGE RD; C,C SARASOTA FL 34233

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 07/31/1989

5. FEI Number: 65-0135672 ☐ Applied For ☐ Not Applicable

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	DIENER, HOWARD	3920 BEE RIDGE ROAD	SARASOTA FL
			700008817667 11/06/02--01018--027 **50.00
			700008817667 11/26/02--01032--008 **100.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
DIENER, HOWARD 3920 BEE RIDGE ROAD SARASOTA FL 34233	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 REQUIRED — Date: 10/29/02

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 REQUIRED — Date: 10/29/02 — Daytime Phone #: 941 9288553

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pg 2 of 2

SUNCOAST LUNG CENTER

Howard D. Diener, M.D., F.C.C.P., PA
John W. Swisher, Ph.D., M.D.
Rose T. Bright, M.D.
Deborah Chapa, A.R.N.P.

10/29/2002

Department of State
Division of Corporation
P O Box 6327
Tallahassee, FL 32314

RE: Document# L06267 Suncoast Lung Center

To Whom It May Concern:

We are in receipt of a Notice of Dissolution for not filing our 2002 Uniform Business Report. This is the first time this year we received documentation from your office. The mailing address as it appears is not correct, the street number and name was left out.

On 10/28/2002, we called your office 850-245-6059 and spoke with Agnes. She looked in our file and saw where the original forms had been returned by the US Postal Service for undeliverable address. Per Agnes's instruction and since we did not receive the forms, we are sending the original $50.00 Filing fee, signed Reinstatement Form, and this letter. Please correct our address to:

Suncoast Lung Center
% Howard Diener
3920 Bee Ridge Rd; C,C
Sarasota, FL 34233

Please do not hesitate to call if you have any further questions.

Thank you,

Howard D. Diener, M.D.