

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PS 1052

APPLICATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 26 PM 1:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

DOCUMENT # L06267

1. Corporation Name

SUNCOAST LUNG CENTER, P.A.

Principal Place of Business

Mailing Address

% HOWARD DIENER

% HOWARD DIENER

3920 BEE RIDGE RD, C, C
SARASOTA FL 34233
US

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

4. Date Incorporated or Qualified To Do Business in Florida

07/31/1989

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0135672

Applied For

Not Applicable

City & State

City & State

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	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

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

REGISTERED AGENT MUST SIGN

Date

10/29/02

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/29/02 941 928855

CR2E040 (8/02)

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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:

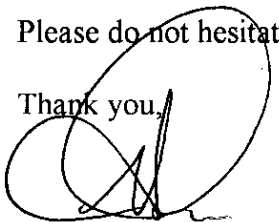
We are in receipt of a Notice of Dissolution for not filing our 2002 Uniform Business Report. This is the first time this year we received documentation from your office. The mailing address as it appears is not correct, the street number and name was left out.

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.