PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 NOV 14 AM 8:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L82881**

1. Corporation Name

INTERNAL MEDICINE ASSOCIATES OF TAMPA, P.A.

REINSTATEMENT 53

Principal Place of Business	Mailing Address
4941 E. BUSCH BLVD.. STE 140 TAMPA FL 33617	4941 E. BUSCH BLVD.. STE 140 TAMPA FL 33617

100024713801
11/14/03--01074--016 **150.00

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: 06/25/1990

5. FEI Number: 59-3016985 ☐ 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	BHAT, ASHOK M.D.	4941 E. BUSCH BLVD.	TAMPA FL 33617

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
ASHOK BHAT M.D. 4941 E. BUSCH BLVD., SUITE 140 TAMPA FL 33617	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (7/03)

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: 11/06/03
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 10/09/2003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Internal Medicine Associates of Tampa PA
4941 E Busch Blvd, Suite 140
Tampa FL 33617
(813) 237-1958

Department of State
Division of Corporations
PO Box 6327
Tallahassee FL 32314

October 31, 2003

RE: Document # L82881

To Whom It May Concern:

We recently received a notice that our Corporation has been dissolved as of September 2003.

We are certain that the Corporation Annual Report was never received. Had it been received, we certainly would have filed this timely. We are asking that, because we did not receive the filing document, any additional fees and/or late fees be waived.

Enclosed you will find the Corporation Reinstatement document as well as a check payable to the Department of State for $150.00. We were told by phone that this is the amount to pay to re-activate. If there is any further information you need to make our Corporation active, please contact me as soon as possible.

Thank you for your assistance in this matter.

Sincerely,

Ashok Bhat MD
President