

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 OCT 27 PM 6:58

DOCUMENT # M81279

1. Corporation Name

ALTAMONTE SPRINGS SURGERY CENTER, INC.

Principal Place of Business

Mailing Address

180 BOSTON AVE  
ALTAMONTE SPRINGS FL

180 BOSTON AVE  
ALTAMONTE SPRINGS FL

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

2. New Principal Office Address, If Applicable  
303 E PAR STREET

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.  
ORLANDO, FLA

Suite, Apt. #, etc.  
303 E. PAR ST.

City & State  
32804

City & State  
ORLANDO, FL

Zip  
Country  
USA

Zip  
Country  
32804 USA

4. Date Incorporated or Qualified  
To Do Business in Florida

05/13/1988

5. FEI Number

58-1791175

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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
SD	BORRERO, J.L.	610 JASMINE ST	ALTAMONTE SPRINGS FL
TD	PASCARELLA, EUGENE	661 E ALTAMONTE DR #210	ALTAMONTE SPRINGS FL
<del>PD</del>	<del>SHUB, HARVEY</del>	<del>300 GROVELAND</del>	<del>ORLANDO FL</del>
PD	SAPP, JEFFERY	303 E PAR ST	ORLANDO, FL
			500003035895--1
			-11/05/99-01014-004
			***758.75 ***758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SAPP, D J  
88 WEST KALEY STREET  
ORLANDO 32806

Name  
JEFFERY SAPP  
Street Address (P.O. Box Number is Not Acceptable)  
303 E PAR STREET  
Suite, Apt. #, Etc.

City  
ORLANDO  
State  
FL  
Zip Code  
32804

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

Date 10/20/99

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

AD