

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

APPROVED
AND
FILED

02 JAN 14 AM 9:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N95000003509

1. Corporation Name

DOCTORS HOSPITAL PHYSICIAN-HOSPITAL ORGANIZATION
INC.

Principal Place of Business

Mailing Address

5731 BEE RIDGE ROAD
SARASOTA FL 34233

5731 BEE RIDGE ROAD
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

07/25/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

62-1611872

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	BILLINGS, ROBERT	5731 BEE RIDGE RD	SARASOTA FL 3423
D	NESTOR, ALBERT D.O.	5731 BEE RIDGE RD	SARASOTA FL 34233
D	BLAU, KENNETH MD	5731 BEE RIDGE RD	SARASOTA FL 34233
D	HOLLEN, CHARLES MD	5731 BEE RIDGE ROAD	SARASOTA FL 34233
D	KHOURY, SUHAIL MD	5731 BEE RIDGE ROAD	SARASOTA FL 34233
D	Issam Soussou, MD	5731 Bee Ridge Rd	Sarasota FL 34233

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

Name

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

Suite, Apt. #, Etc.

City

100004794441--7

-01/24/02-01060-011

*****51.25 State *****51.25

FL

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

REGISTERED AGENT MUST SIGN

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-01/24/02-01060-012

Date *****236.25 *****236.25

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 #