

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
AND  
FILED

98 NOV 25 PM 4:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N97000001716

1. Corporation Name

SMH DIAGNOSTIC SERVICES, INC.

Principal Place of Business

Mailing Address

1700 SOUTH TAMiami TRAIL  
SARASOTA FL 34239

1700 SOUTH TAMiami TRAIL, Attn: Finance Dept  
SARASOTA FL 34239

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

34239

REINSTATEMENT 98

4. Date Incorporated or Qualified  
To Do Business in Florida

03/27/1997

5. FEI Number

65-0739497

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
C	Don L. Albertson	4136 Woodview Drive	Sarasota, FL 34232
T	Marilynn Lee	1354 Harbor Drive	Sarasota, FL 34239
S	Phyllis J. Cobb	761 John Ringling Blvd Apt A5	Sarasota, FL 34236
D	Martin Moss	1535 Harbor Place	Sarasota, FL 34239
D	Donna Barcomb	1337 Vista Drive	Sarasota, FL 34239
D	Robert K. Strasser	3810 Oakley Drive	Sarasota, FL 34235

8. Name and Address of Current Registered Agent

RISNER, PAUL E ESQ.  
SARASOTA MEMORIAL HOSPITAL  
1700 S. TAMiami TRAIL  
SARASOTA FL 34239

9. Name and Address of New Registered Agent

Name

Michael Covert

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

1700 S. Tamiami Trail

Suite, Apt. #, Etc.

City

SARASOTA

State

FL

Zip Code

34239

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

RE-REQUIRED

500002700035--0

Date 12/02/98-01036-016

\*\*\*\*236.25 \*\*\*\*236.25

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information  
on Intangible tax.)

12. 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)(f), 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

*[Signature]* RE-REQUIRED

Date

11/14/98

Daytime Phone #

941-917-2428

CRS No 0033

**SMH Diagnostic Services, Inc.**  
**Document #N97000001716**

**#7 Continued:**

<b>Title</b>	<b>Name</b>	<b>Address</b>	<b>City/State/Zip</b>
D	Robert P. Hebert	PO Box 175	Venice, FL 34284
D	Gerald M. Phillips	1977 Fairview Avenue	Englewood, FL 34223
D	William E. Lyons	1241 Gulf of Mexico Drive	Longboat Key, FL 34228