

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine H. Rice
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000007382

01 OCT 22 PM 2:39

1. Corporation Name

ROY F. WILLIAMS, M.D., P.A.

Principal Place of Business

11760 SW 40TH STREET
MIAMI FL 33175

Mailing Address

11760 SW 40TH STREET
MIAMI FL 33175

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/11/2000

5. FEI Number

65-0976555

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 | City / State / Zip |
|----------|--------------------------------------|---|--------------------|
| Pres | Roy F Williams MD | 11760 SW 40th Street Miami FL 33175 | Miami FL 33175 |
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| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

8. Name and Address of Current Registered Agent

WILLIAMS, ROY F M.D.
11760 SW 40TH STREET
MIAMI FL 33175

9. Name and Address of New Registered Agent

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.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 10/17/01

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 #

LAMELAS AND ASSOCIATES
CARDIOVASCULAR & THORACIC SURGERY

Diplomate, American Board of Surgery
Diplomate, American Board of Cardiothoracic Surgery
Board Certified, Surgical Critical Care*

JOSEPH LAMELAS, M.D.*
ROY F. WILLIAMS, M.D.
MAURICE R. MAWAD, M.D.

The Atrium Medical Offices
11760 S.W. 40th St., Suite 722
Miami, FL 33175
Phone: (305) 225-0585
Fax: (305) 225-9604

Division of Compositions
No. when it may concern

Re: Roy F. Williams M.D., P.A.

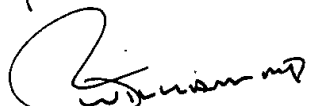
Encl. Doc # P00000007382

Please find enclosed the Completed Appl. for
Reinstatement. As per my conversation with
Your Representative on 10/17/01; I had not
Received the original Back for corrections.

Section #7 is now Completed

My Fees have already been submitted
and accepted.

If you should require any additional Info.
Please do not hesitate to contact me

Respectfully Yours,

Roy F. Williams M.D.

