

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 MAR 23 AM 10:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000009884

1. Corporation Name

**AHS Medical Research,
INC. - FLORIDA DIVISION**

2. Principal Office Address - No P.O. Box #

6101 Webb Road

3. Mailing Office Address

6101 Webb Road

Suite, Apt. #, etc.

Suite 310

Suite, Apt. #, etc.

Suite 310

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33615

Country

USA

Zip

33615

Country

USA

REINSTATEMENT 05-07
CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

01-24-2000

5. FEI Number

593619827

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

7. Name and Address of Current Registered Agent

Name

Tina Goodwin

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

6101 Webb Road

Suite, Apt. #, Etc.

Suite 310

City

Tampa

State

FL

Zip Code

33615

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

03/20/07

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	Glen J. Golemi	6101 Webb Road #310	Tampa, FL 33615
S/T/I	G. Larry Mitchum	6101 Webb Road #310	Tampa, FL 33615
D	Yasser A. Khaled	6101 Webb Road #310	Tampa, FL 33615
D	John Woods	6101 Webb Road #310	Tampa, FL 33615

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10. 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 contained in Chapter 119, 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

03-05-07

Daytime Phone #

985-373-4044