

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 FEB 18 PM 2:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000062064

1. Corporation Name

Armenia Spine Center, Inc.

2. Principal Office Address

3508 N. Armenia Ave.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 25368

Suite, Apt. #, etc.

City & State

TAMPA, FL 33607

City & State

SARASOTA, FL 34277

Zip

33607

Country

USA

Zip

34277

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

65-102658

Applied For

Not-Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

KOMPOTHECRAS, GARY

300005027333--0

-02/28/02--01067--008

\*\*\*\*150.00 \*\*\*\*150.00

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

738 EDMERE LANE

300005027333--0

-02/28/02--01067--009

\*\*\*\*150.00 \*\*\*\*150.00

Suite, Apt. #, Etc.

City

SARASOTA

State

FL

Zip Code

34242

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

Gary Kompothecras

REGISTERED AGENT MUST SIGN

Date 2/22/02

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

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip |
|--------|--------------------------------------|---|--------------------|
| P      | Gary Kompothecras                    | 738 Edgemere Lane                                 | SARASOTA, FL 34242 |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      | 01-02432  | 78                 |

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 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:

Gary Kompothecras

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/02

Date

Daytime Phone #

CR2001 (9/01)



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February 11, 2002

Department of State  
Division of Corporation  
P. O. Box 6327  
Tallahassee, FL 32314

Attn: Tyron

Re: Uniform Business Report

Dear Tyron:

I am in receipt of a notice of administration dissolution or revocation for Armenia Spine Center, Inc.

Armenia Spine Center, Inc. never received the first UBR notice to file.

I am forwarding the \$150.00 filing fee along with this letter and the notice of dissolution.

If there is anything else I need to forward to you, please do not hesitate to give Kathy Jirak a call at (941) 924-8764.

Thank you,

A handwritten signature in black ink, appearing to read "Gary Kompothecras". The signature is stylized with a large, sweeping "G" and a long horizontal stroke at the end.

Dr. Gary Kompothecras  
President

**Medical Walk-In Clinic - Main Administrative Office**

2130 S. Tamiami Trail  
Sarasota, FL 34239

(941) 363-9474  
Fax: 363-9793