

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000085417

1. Corporation Name

DANIEL AZURIN, M.D., P.A.

Principal Place of Business

Mailing Address

3109 STIRLING ROAD SUITE 100
FT LAUDERDALE FL 33312

3109 STIRLING ROAD SUITE 100
FT LAUDERDALE FL 33312

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.

11410 W. Kendall Drive #105

Suite, Apt. #, etc.

11410 W. Kendall Dr. #105

City & State

Miami, Florida

City & State

Miami, Florida

Zip

Country

Dade

Zip

Country

Dade

4. Date Incorporated or Qualified
To Do Business in Florida

09/08/2000

5. FEI Number

65-1047128

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	AZURIN, DANIEL MD	3109 STIRLING ROAD SUITE 100 1039 Laguna Springs Drive	FT LAUDERDALE FL 33312 Weston, FL 33326

200004743462--4

-12/28/01--01089--010

****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

AZURIN, DANIEL MD

~~3109 STIRLING ROAD SUITE 100~~

~~FT LAUDERDALE FL 33312~~

11410 W. Kendall Dr.

#105

Miami, FL

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 10-18-01

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 #

10-18-01

CR2040 (8/01)