

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000091370

1. Corporation Name

St. Armands Medical Center P.A
500 John Ringling Blvd
Sarasota FL 34236

2. Principal Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

65-1045384

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (12/05)

06 APR 28 PM 2:42

500074529935
05/12/06--01061--023 **1050.00

7. Name and Address of Current Registered Agent

Name

Mark Haas

Richard D. Saba

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

~~2101 Manatee Avenue W~~ 2033 Main St. Ste 303

Suite, Apt. #, Etc.

City

Bradenton Sarasota

State

FL

Zip Code

34237

34237

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

Richard D. Saba

REGISTERED AGENT MUST SIGN

Date 4/24/06

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
Pres	Edward Carlstrom	500 John Ringling Blvd	Sarasota FL 34236
VP.	Kristin Carlstrom	500 John Ringling Blvd	Sarasota FL 34236

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:

Edward F. Carlstrom

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/19/06 941 388-4408

Daytime Phone #