

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

02 NOV -8 AM 11:56

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000061288

1. Corporation Name

HIMANSHU S. KAIRAB, MD, PA

Principal Place of Business

Mailing Address

~~4416 SE 15 STREET~~
~~OCALA FL 34471~~
 3200 SW 34 Avenue
 Bldg 200, STE 201
 Ocala, FL 34474

~~4416 SE 15 STREET~~ 3200 SW 34 Avenue
~~OCALA FL 34471~~ Bldg 200, STE 201
 Ocala, FL 34474



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

4. Date Incorporated or Qualified
To Do Business in Florida

06/20/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

No: Applicable

Zip

Country

Zip

Country

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	KAIRAB, HIMANSHU KAIRAB	4416 SE 15 STREET 3200 SW 34 AVE BLDG 200 STE 201	OCALA FL 34471 OCALA, FL 34474

600008893646
11/08/02--01104--010 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KAIRAB, HIMANSHU
~~4416 SE 15 STREET~~ 3200 SW 34 Avenue
~~OCALA FL 34471~~ BLDG 200, STE 201
 Ocala, FL 34474

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10-31-02

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)(f), 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:

10-31-02

PHYSICIAN ADVISORY GROUP_{INC}

October 22, 2002

Division Of Corporations
Annual Report / Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

Dear Sir or Madam:

This letter is being written requesting corporation reinstatement for the following entity:

Entity: Himanshu S. Kairab, MD, PA
Doc#: P01000061288
FEIN: 65-1115764
Address: 3200 S.W. 34th Avenue
Building 200, Ste 201
Ocala, FL 34474
Officer: Himanshu S. Kairab, MD

As the business manager for Dr. Kairab's internal medical practice, it came to my attention, through researching the division of corporations for the state of Florida, that the above entity had not paid the annual uniform business report fee for 2002. Upon further investigation, it was discovered that the annual UBR forms was being mailed to the above entity's incorrect address in Ocala, Florida. In researching the public records through the website www.sunbiz.org it came to our attention that the incorrect address was still on file. As a result, the entity indicated above had been resolved, erroneously. Therefore, in an effort to reinstate this corporation, please accept the enclosed check made payable to the Department of State for \$150.00. This check is to cover the 2002 calendar year.

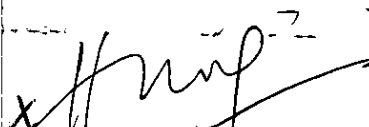
Thank you in advance for your consideration. We appologize for any inconvenience and confusion. Please make the appropriate address changes in your system for future mailings to the address indicated above. Our cancelled check will be considered our receipt for reinstatement.

Sincerely,
Physician Advisory Group, Inc.

Himanshu S. Kairab, MD, PA



Neil Rosin, MBA
Consultant / Business Manager



Himanshu S. Kairab, MD
President / Director