

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 25 PM 3:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000078373

1. Corporation Name

ANDREW D. HENRY, MD., P.A.

Principal Place of Business

7750 PALM RIVER ROAD  
TAMPA FL 33619

Mailing Address

7750 PALM RIVER ROAD  
TAMPA FL 33619

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

08/06/2001

5. FEI Number

58-2643256

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	HENRY, ANDREW D	7750 PALM RIVER ROAD	TAMPA FL 33619

600008601756  
10/25/02--01120--002 \*\*150.00

8. Name and Address of Current Registered Agent

HENRY, ANDREW D MD  
7750 PALM RIVER ROAD  
TAMPA FL 33619

9. Name and Address of New Registered Agent

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

*Andrew D Henry*  
REGISTERED AGENT MUST SIGN

Date

10/21/02

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)(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:

*Andrew D Henry*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/21/02

Daytime Phone #

CR2040 (8/02)

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ANDREW D. HENRY, M.D., P.A.  
7750 Palm River Road  
Tampa, Fl. 33619

Certified Letter with Return Receipt

October 21, 2002

Florida Department of State  
Division Of Corporation  
Annual Report/ Reinstatement Section  
P.O. Box 6327  
Tallahassee, Fl. 32314-6327

Re: Document #P01000078373

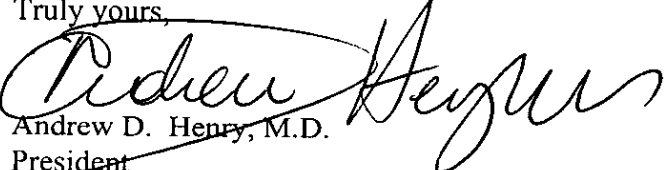
Gentlemen,

We just received your Annual Corporate Report for which, we did not received your previous Notices of Corporate Renewals.

As per todays telephone conversation, with your staff, we are enclosing a check in the amount of \$150.00.

Your prompt corporate reinstatement will be greatly appreciated.

Truly yours,

  
Andrew D. Henry, M.D.  
President