

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUN 21 PM 3:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 202000099953

1. Corporation Name

Physician Services of
Sarasota, Inc.

2. Principal Office Address

2222 S. Tamiami Trail, Ste C

Suite, Apt. #, etc.

Suite C

City & State

Sarasota, FL

Zip

34239

Country

USA

3. Mailing Office Address

P.O. Box 2593

Suite, Apt. #, etc.

City & State

Sarasota, FL

Zip

34230-6766

Country

USA

REINSTATEMENT 03-04

4. Date Incorporated or Qualified
To Do Business in Florida

10/02

5. FEI Number

16-1628004

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

Prewett, Daniel L.

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

5777 Beneva Road South

Suite, Apt. #, Etc.

City

Sarasota

State

FL

Zip Code

34233

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

6/8/04

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
<u>D</u>	<u>John A. Lievrance</u>	<u>622 Avenida de Mayo</u>	<u>Sarasota FL 34242</u>

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(941) 330-8553

Daytime Phone #

CR2E081 (01/04)

Physician Services of Sarasota, Inc.
P.O. Box 2593
Sarasota, Florida 34230

June 16, 2004

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RE: Physician Services of Sarasota, Inc.
Corporation Reinstatement

To whom it may concern,

Upon conversation with your offices, I am enclosing a Corporation Reinstatement Form along with our check in the amount of \$300.00. Due to a mailing error, we never received the information for filing corporate returns. I was told that due to this error, we would not be penalized.

If you have any questions, or if any of this information is incorrect, please contact our offices.

Sincerely,



Lori Feil
Office Manager

lf