

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 AUG 13 PM 2:29

STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000092483

1. Corporation Name

SUJATHA RAMAMURTHY MD PA

REINSTATEMENT 05-07

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #
9980 CENTRAL PARK BLVD

3. Mailing Office Address
P.O. BOX 970386

Suite, Apt. #, etc.
312

Suite, Apt. #, etc.

City & State
BOCA RATON, FL

City & State
BOCA RATON, FL

Zip
33428

Country

Zip
33428

Country

4. Date Incorporated or Qualified To Do Business in Florida
08/22/2003

5. FEI Number
20-0177344

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$3.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
SUJATHA RAMAMURTHY

Street Address (P.O. Box Number, if Not Applicable)
12350 ROCKLEDGE CIRCLE

Suite, Apt. #, Etc.

City
BOCA RATON,

State Zip Code
FL 33428

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Sujatha Ramamurthy M.D.
REGISTERED AGENT MUST SIGN

Date 8/8/07

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
PRESIDENT	SUJATHA RAMAMURTHY	12350 ROCKLEDGE CIRCLE	BOCA RATON, FL 33428
		8/8/14	
		400107969654	08/13/07--01045--018 **458.75

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:

Sujatha Ramamurthy MD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/8/07

Date

561-302-0115

Daytime Phone #