

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000009648

1. Corporation Name

ARTHUR R. DROBA, JD, MD, PA

2. Principal Office Address - No P.O. Box #

1020 HONORE AVE

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

SARASOTA, FLORIDA

City & State

Zip

34232-3004

Country

USA

Zip

Country

7. Name and Address of Current Registered Agent

Name

GC MEDICAL BILLING SPECIALISTS, LLC.

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

5824 BEE RIDGE RD

Suite, Apt. #, Etc

#222

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 507.0505 or 617.0603, F.S.

Signature of

Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date **01/22/10**

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	ARTHUR R. DROBA JD, MD.	1020 HONORE AVE	SARASOTA, FL 34232

10. E-mail Address: **FIOPEREZ@YAHOO.COM**

(To be used for future annual report notification)

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 507 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 507.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid. I further certify, 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:

[Signature]

ARTHUR R. DROBA JD, MD, PA 01/22/10

9413776674

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

10 JAN 29 PM 12:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 07-10

400167109524
01/25/10 01050 004 \$1200.00
CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida

01/01/2004

5. FEI Number

650203962

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional fee required
for a Certificate of Status.

☐ 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.