

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 SEP 30 PM 4:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000037363

1. Corporation Name

URO-CARE, P.A.

600008211516--7

-10/04/02--01062--015

****900.00 ****900.00

2. Principal Office Address

21150 Biscayne Boulevard

3. Mailing Office Address

21150 Biscayne Boulevard

Suite, Apt. #, etc.

Suite 404

Suite, Apt. #, etc.

Suite 404

City & State

Aventura, FL

City & State

Aventura, FL

Zip

33180

Country

USA

Zip

33180

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

May 25, 1993

5. FEI Number

65-0422835

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

L.M. Ploucha, Esq.

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

1946 Tyler Street

Suite, Apt. #, Etc.

City

Hollywood

REINSTATEMENT 01-02

State

Zip Code

FL

33020-4511

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]

Date

09/17/02

REGISTERED AGENT MUST SIGN

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
P/D	Lawrence Winton, M.D.	21150 Biscayne Blvd., Ste. 404	Aventura, FL 33180
V/D	Marc C. Gittelman, M.D.	21150 Biscayne Blvd., Ste. 404	Aventura, FL 33180
S/D	Harvey Samowitz, M.D.	21150 Biscayne Blvd., Ste. 404	Aventura, FL 33180
T/D	Mark Christ, M.D.	21150 Biscayne Blvd., Ste. 404	Aventura, FL 33180

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)(l), 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.

MARC C. GITTELMAN, M.D.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/20/02

Date

(305) 466-9117

Daytime Phone #

CR2E081 (9/01)