

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 24 AM 9:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000042628

1. Corporation Name

ALEXANDER BALKO, M.D., P.A.

Principal Place of Business

1258 W. BAY DR.
LARGO FL 33770
US

Mailing Address

1258 W. BAY DR.
LARGO FL 33770
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/01/1993

5. FEI Number

59-3189088

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	BALKO, ALEXANDER M.D.	1212 COURT ST., SUITE B	CLEARWATER FL 34616

200024081752
10/24/03--01023--022 **150.00

8. Name and Address of Current Registered Agent

GASSMAN, ALAN S ESQ.
1212 COURT ST.
SUITE B
CLEARWATER FL 34616

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/14/03

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)

WEST COAST SURGICAL SPECIALISTS, L.L.P.

BARRY N. HAICKEN, M.D., P.A., F.A.C.S.
ALEXANDER BALKO, M.D., P.A., F.A.C.S.
TODD SIDER, M.D., P.A., F.A.C.S.



GENERAL SURGERY - VASCULAR SURGERY - BREAST DISEASES
NON-INVASIVE VASCULAR TESTING
LASER & LAPAROSCOPIC SURGERY
GALLBLADDER SURGERY

October 21, 2003

TO WHOM IT MAY CONCERN:

This is to notify that I did not receive a UBR for
the year 2003.


Alexander Balko, MD

MAILING ADDRESS
MAIN OFFICE
1258 WEST BAY DRIVE, SUITE E
LARGO, FLORIDA 33770
TELEPHONE (727) 586-3751
FAX (727) 584-3102

SAFETY HARBOR OFFICE
1840 MEASE DRIVE
SUITE 401
SAFETY HARBOR, FLORIDA 34695
TELEPHONE (727) 726-6707