

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAR -4 AM 9:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

994000007387

1. Corporation Name

CARLOS A. GADIA, M.D., P.A.

2. Principal Office Address

2900 S COMMERCE PARKWAY

Suite, Apt. #, etc.

City & State

WESTON FL

Zip

33331

Country

USA

3. Mailing Office Address

3200 SW 60 CT

Suite, Apt. #, etc.

#302

City & State

MIAMI FL

Zip

33155

Country

USA

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

5. FEI Number 650469464

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

CARLOS A. GADIA, M.D., P.A.

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

2900 S COMMERCE PARKWAY

Suite, Apt. #, Etc.

City

WESTON

State

FL

Zip Code

33331

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

REGISTERED AGENT MUST SIGN

Date

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
D	CARLOS A. GADIA, M.D., P.A.	2900 S COMMERCE PARKWAY	WESTON FL 33331

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/03

Date

(786) 268-1781

Daytime Phone #

CR2E081 (10/02)



Department of Neurology

Neuro Network Partners

Robert F. Cullen, Jr., M.D.
Oscar Papazian, M.D.
Michael S. Duchowny, M.D.
Marcel J. Deray, M.D.
Trevor J. Resnick, M.D.
Israel Alfonso, M.D.
Luis A. Alvarez, M.D.
Carlos A. Gadia, M.D.
Roberto F. Tuchman, M.D.
Kenneth A. Butler, M.D.
Mark A. Epstein, M.D.
Jaime L. Baquero, M.D.
Diana Martinez, M.D.
Heidi Torocsik, D.O.
Elza Vasconcellos, M.D.

February 25, 2003

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee FL 32314

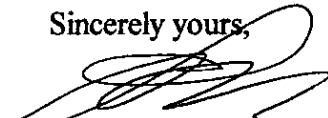
RE: Carlos A. Gadia, M.D., P.A.
FEI #650469464

To Whom It May Concern:

Enclosed are a reinstatement application and a check for \$750.00. The last notice I received from your office was back in 1998. I would appreciate if you can please reinstate my corporation and waive any penalties I might have.

If you need further information, please contact my office manager, Mercy Cazobon at (786) 268-1781. Thank you for your assistance.

Sincerely yours,



Carlos A. Gadia, M.D.