

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 OCT 12 AM 9:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000022209

1. Corporation Name

HELMUT KRAEMER, M.D., P.A.

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

MEMORIAL HOSPITAL, DEPT OF PATHOLOGY

3. Mailing Office Address

MEMORIAL HOSPITAL, DEPT OF PATHOLOGY

Suite, Apt. #, etc.

3501 JOHNSON STREET

Suite, Apt. #, etc.

3501 JOHNSON STREET

City & State

HOLLYWOOD, FL

City & State

HOLLYWOOD, FL

Zip

33021

Country

US

Zip

33021

Country

US

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number  
65-0499480

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  
HELMUT KRAEMER

Street Address (P.O. Box Number is Not Acceptable)  
MEMORIAL HOSPITAL, DEPT OF PATHOLOGY

Suite, Apt. #, Etc.  
3501 JOHNSON STREET

City  
HOLLYWOOD, FL

State  
FL

Zip Code  
33021

☐ 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

*Helmut Kraemer*  
REGISTERED AGENT MUST SIGN

Date

9 Oct 2007

**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	HELMUT KRAEMER, M.D.	MEMORIAL HOSPITAL, 3501 JOHNSON ST	HOLLYWOOD, FL 33021

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:

*Helmut Kraemer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9 Oct 2007

Date

Daytime Phone #

B. Mitchell OCT 12 2007