PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION	
FOR	
REINSTATEMEN	T
OCUMENT # I	2



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

94000035016 (2)

1. Corporation Name

Principal Place of Business

SIGNATURE:

SIGNATURE AND T

JOHN A. PFEILSTICKER, M.D., P.A.

Mailing Address

1519 64th STREET COURT, EAST BRADENTON - PT 24200

1519 64th STREET, CT, E. BRADENTON, Ft. 34208

FILED

97 JAN 24 PM 2: 54

SECRETARY OF STATE TALLAHASSEE FLORIDA

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						REINS) [At mayar	- k ¥	196	
	addresses are incorrect in any way, line the incipal Office Address, If Applicable	nformation a		4. Date Incorpo	DO NOT WRITE IN Torated or Qualified	THIS SP	ACE 1			
2221 59th St. W						To Do Business in Florida 05/05/1994				
Suite, Apt. #, etc. Suite, Apt. #,			elc.			5. FEI Number Applied For				
City & State City & State						65-0491839			Not Applicable	
Bradenton Fl Zip Zip			Country			6. S8.75 Addutional Estationary				
Zip 342	209 Manatee	ΣΦ		Country	y	CERTIFICATE	OF STATUS DESIRED		r a Cerulicate of Status	
7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors)										
Name of Officers Title(s) and/or Directors			Street Address of Eac Officer and/or Directo							
1	2	T Directors 3					mbers) 4 City / State / Zip			
_										
P	JOHN PFEILSTICKER		1519	64th	STREET CO	URT, EAST	BRADENTON,	FL	34208	
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	B. Name and Address of Current	Registered Age	ent		Name	9. Name and A	ddress of New Regis	lered A	gent	
	ER, ADRON H.				Ţ					
802-11th STREET, WEST				(,	Street Address (P.O. Box Number is Not Acceptable)					
BRADENTON, FL 34205			7	4	3119 Manatee Avenue West Suite, Apt. #, Etc.				<u></u>	
		od 6	en			on, FL 34	205			
	\circ	7.7	_		City		*	State FL	Zip Code	
10 being	g appointed the registered altern of the to	ve posedoni	ration am t	lamiliar w	th and accept the o	hlinations of Scoti	on 607 0505 F S		<u> </u>	
	7/// \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Malli	, 4	attinal W	in and accept the o	ongations of Seci	on 607.0303, 1 .g.	. /	101	
Signature o Registered	Agent // UV		//				Date	101	10/104	
	<i>O</i> R	EGISTERED AG	ENT MUST	SIGN						
11. Do	pes this corporation pay ept. of Revenue under S.	any₁intang 199.032,	jible tax Florida	x to the State	ie utes. Yes	x No			e for information gible tax.)	
⊯ase ti certify this rei	ereby certify that the information supplied the Division of Corporations from any liabilithat I am an officer or director or the recenstatement application the reason for diswed by the corporation have been paid.	lity of non-compli eiver or trustee ei solution has bee	ance with S mpowered to reliminated	ection 11: a execute d the con	9.07(3)(k) in the evi- e this application as porate name satisfi-	ent that the inform provided for in ches the requirement	ation supplied is deem- apter 607 or 617, F.S. its of section 607.0401	ed exen . I furthe l or 617	npt from public access. I or certify that when filing .0401, F.S., and that all	

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR