SENT BY: GUTTER JUSEPHER LTH

APPLICATION FOR REINSTATEMENT

96-97

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

915.00

APPROVED AND FILED
97 JUL 16 AM 10:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 940000 51810

1. Corporation Name

ST LUCIE GENERAL SURGERY PA

~~W97-15565~~

Principal Place of Business

2100 Nebraska Ave
Suite 202
FORT PIERCE, FL 34950

Mailing Address

2100 Nebraska Ave
Suite 202
FORT PIERCE FL 34950

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable	3. New Mailing 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: JULY 13th 1994

5. FEI Number: 65-0503765 — 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	GARTH M. MURRAY, MD	1318 S W Cottonwood Cove	PORT ST LUCIE FL 34986

REINSTATEMENT 96-97
J. Alan
7/16/97

8. Name and Address of Current Registered Agent

GARTH M. MURRAY, MD
1318 SW Cottonwood Cove
Port St Lucie, FL 34986

9. Name and Address of New Registered Agent

Name

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

500002242985--1
07/21/97--01099--002
****923.75 ****923.75

Suite, Apt. #, Etc.

City | State FL | Zip Code

CR2E040 (2/95)

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.

Signature of Registered Agent: [signature] (REGISTERED AGENT MUST SIGN) Date 7/1/97

11. Does this corporation pay any Intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☑

(See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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] GARTH M MURRAY, MD Director 7/1/97 561-460-8444