

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 JUL 29 AM 9:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P95000032878

1. Corporation Name

HEARTLAND INTERNAL MEDICINE ASSOCIATES, PA

2. Principal Office Address

4301 SUN N LAKE BLVD

3. Mailing Office Address

Suite, Apt. #, etc.

#103

Suite, Apt. #, etc.

City & State

SEBRING, FL

City & State

Zip

33872

Country

Zip

Country

REINSTATEMENT 97-02

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

04/24/1995

5. FEI Number

65-0581353

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

JAMES V. LOBOZZO, JR.

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

329 SOUTH COMMERCE AVE.

Suite, Apt. #, Etc.

City

SEBRING,

State
FL

Zip Code

33870

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

7/25/02

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	JORGE F. GONZALEZ	2624 ISLAND DR.	SEBRING, FL 33872

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

JORGE F. GONZALEZ

Date

863-385-8010

Daytime Phone #

CR25031 (9/01)