

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



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

**REMOVED  
AND  
FILED**

97 NOV 21 PM 2:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P95000044904**

1. Corporation Name

**ST. LUKE'S MEDICINE CENTER, INC.**

Principal Place of Business

3105 W WATERS AVE  
107  
TAMPA FL 33688-3762  
US

Mailing Address

3105 W WATERS AVE  
107  
TAMPA FL 33688-3762  
US

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

2. New Principal Office Address, If Applicable

17928 Palomino LK DR  
Suite, Apt. #, etc.  
DADE City, FL  
City & State  
33525 PASCO  
Zip Country

3. New Mailing Office Address, If Applicable

17928 Palomino LK DR  
Suite, Apt. #, etc.  
DADE City, FL  
City & State  
33525 PASCO  
Zip Country

4. Date Incorporated or Qualified  
To Do Business in Florida

06/02/1995

5. FEI Number

59-3315679

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
DP	MILLER, TODD	16514 HANNA RD 17928 Palomino LK DR	LUTZ FL DADE City, FL 33525
DV	MILLER, J. TODD	16514 HANNA RD 17928 Palomino LK DR	LUTZ FL 33549 DADE City, FL 33525
S	MILLER, TODD	16514 HANNA RD 17928 Palomino LK DR	LUTZ FL DADE City, FL 33525
			900002356639--2
			-11/25/97--01044--024
			***750.00 ***750.00
			11/21

8. Name and Address of Current Registered Agent

MILLER, J. TODD  
16514 HANNA RD  
LUTZ FL 33549

9. Name and Address of New Registered Agent

Name  
J. Todd Miller  
Street Address (P.O. Box Number is Not Acceptable)  
17928 Palomino LK DR  
Suite, Apt. #, Etc.  
DADE City  
City State Zip Code  
FL 33525

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 11-18-97

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information  
on Intangible tax.)

12. 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

Date

Daytime Phone #

11-18-97 352-558244

CR2E040 (8/97)