DOCUMENT # PG 50000 57855 00 00 00 13 PM 1: 19  1. Corporation Name  OB GYN ASSOCIATES OF TAMPA, \$AY, PA  2. Principal Office Address	CORPORATION RENSTREMENT	Katheri Secretar	RITMENT OF STATE  ne Harris  ry of State  conponations	FILED. LECKETARY OF STATE HVISION OF CORPORATIONS	
1. Corporation Name  OB GYN ASSOCIATES OF TAMPA, \$AY, \$PA  2. Principal Office Address 13601 BRUCE B DOWNS 13601 BRUCE B DOWNS BLVD  Subset Apt. 4, 6, 6, 5, 6, 4, 4, 4, 6, 6, 5, 6, 4, 4, 4, 6, 6, 5, 6, 4, 4, 6, 6, 7, 7, 8, 10, 10, 10, 10, 10, 10, 10, 10, 10, 10	DOCUMENT # P950000 57855			<b>1</b>	
2. Principal Office Address 13601 BRUCE B DOWNS 13601 BRUCE B DOWNS Suite, Apt. 4, etc. \$te# 251 \$te#	1. Corporation Name				
13601 BRUCE B DOWNS  Suite, Apt. II, etc.  Suite, Apt. III, etc.  TAMPA, FL  TAMPA, FL  To Do Business in Florida  Suite, Apt. III, etc.  To Do Business in Florida  To	OB GYN ASSOCIATES OF TAMPA, BAY, PA				
Suite, Apt. #, etc. Ste# 251  Ste# 251  Ste# 251  Ste# 251  A Date incorporated or Qualified to 6 Business in Florida To 7 Business in Florida To	·			1	
St te # 251  City & State TAMPA, FL  TAMPA, FL  TAMPA, FL  TAMPA, FL  TAMPA, FL  TO Business in Florida  5. FEN Number 59-3326130  State 759-3326130  State 759-3326130  TO Country RILLSBOROUGH  TO Country RILLSBOROUGH  FO Country RILLSBOROUGH  Name  TO WAS Applicable  TO Country RILLSBOROUGH  Name  HOWARD U. JOHNSON, MD  Street Address (Po. Box Number is Not Acceptable) 13601 BRUCE B DOWNS BLVD  Suito Apt. 6. Etc. SUITE# 251  City TAMPA  State  Suito Apt. 6. Etc. SUITE# 251  City TAMPA  State  To Country Registered agent of the above named corporation, am familiar with and accept the obligations of section 697.6505 or 617.6503, F.S.  Signature of Registered Agent  Registered Agent  Registered Agent  Triliac  Triliac  Name of Citican and/or Directore  City / State / Zip Code FL  33613  State  Z	<del></del>				
City & State TAMPA, FL					
Rot Applicable   Safe Addresses of Each Officer and/or Directors   Signature of Registered Agent   Signature of Agent Addresses of Each Officer and/or Directors   Signature of Registered Agent   Signature of Agent Addresses of Each Officer and/or Directors   Signature of Agent Addresses of Each Officer and/or Directors   Signature of Agent Addresses of Each Officer and/or Directors   Signature of Agent Addresses of Each Officer and/or Directors   Signature of Agent Addresses of Each Officer and/or Directors   Signature of Agent Addresses of Each Officer and/or Directors   Signature of Agent Addresses of Each Officer and/or Directors   Signature of Agent Addresses of Each Officer and/or Directors   Signature of Agent Addresses of Each Officer and/or Directors   Signature of Agent Addresses of Each Officer and/or Directors   Signature of Agent Addresses of Each Officer and/or Directors   Signature of Agent Addresses of Each Officer and/or Directors   Signature of Agent Addresses of Each Officer and/or Directors   Signature of Agent Addresses of Each Officer and/or Directors   Signature of Agent Addresses of Each Officer and/or Directors   Signature of Agent Addresses of Each Officer and/or Directors   Signature of Agent Ag	·	·   ·		5. FEI Number Applied For	
7. Name and Address of Current Registered Agent  Name HOWARD U. JOHNSON, MD  Street Address (P.O. Box Number is Not Acceptable) 13601 BRUCE B DOWNS BLVD  Suite Apt. #, Etc.  ####\$150,00 ####\$150  City TAMPA  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  Presidenced Agent  Names and Street Addresses of Each Officer and/or Director (Florida nanprofit corporations must list at least 3 directors)  Street Address of Each Officer and/or Director (Florida nanprofit corporations must list at least 3 directors)  President of Agent  Name of Officer and/or Director (Florida nanprofit corporations must list at least 3 directors)  Street Address of Each Officer and/or Director (Florida nanprofit corporations must list at least 3 directors)  **REGISTERED XGENT MUST SIGN  **Date */Officer* and/or Director**  City / State / Zip  City / State / Zip  Solk officer  **Lut 3, F.C. 3355 */9  **To Cordy 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 lurther 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 oved by the corporation have been paid and the names of Individuals fisted on this form do not qualify for an exemption under section 118,07(3)(i), F.S. The information indicated on this form do not qualify for an exemption under section 118,07(3)(i), F.S. The information indicated on this form do not qualify for an exemption under section 118,07(3)(i), F.S. The information indicated on this supplication is true analysicator is true analy	Zip Country	Zip	· '	6.	
Name of Officer and/or Directors  Titles  Name of Officer of Directors  Titles  Name of Officer and/or Directors	33013 HIDDSBOKOOGH			Tor a Certificate of Status	
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 Officer and/or Director  City / State / Zip  Resulted Howard U. Johnson, IE, Mr. 1200 Debute / Rdd.  Sole officer  Sole officer  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 filling 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/securate, and my signature shall have the same legal effect as it made under oath.	HOWARD U. JOHNSON, MD  Street Address (P.O. Box Number is Not Acceptable) 13601 BRUCE B DOWNS BLVD  Suite, Apt. #, Etc.  SUITE# 251  City TAMPA  Street Address (P.O. Box Number is Not Acceptable) -1U/24/00-01087-010  *****150.00  *****150.00  *****150.00  State Zip Code FL 33613				
Name of Officers and/or Directors  Street Address of Each Officer and/or Director  Residut Howard U. Johnson, IE, Mr. 1220, Debue! Red  Luty, F.C. 335 4/9  Solk officer  Solk officer  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 filling 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.		Date			
President Howard U. Johnson, IE, mi 1220 Debuel Rid. Luty, FL 335 49  Sole officer  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 filling 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 fisted 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 paccurate, and my signature shall have the same legal effect as if made under oath.	Name of	l/or Director (Florida nonpro	<del></del>	·	
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SIGNATURE:  SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date					

## OB/GYN Assoc. of Tampa Bay

Obstetrics, Gynecology and Infertility

Howard U. Johnson, M.D.

Board Certified

FACOG



October 10, 2000.

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

To whom it may concern:

We contacted the Division of Corporations the end of September (on the 26th or 27th) after being informed by our banker that our corporation had been dissolved; a call confirmed that the corporation was dissolved on September 22, 2000. We informed the representative that we apparently did not receive the annual form. We discussed the situation with another representative (Ms. Hampton) who suggested we send the usual fee with a request to have the situation reviewed to waive the reinstatement fee. This was further suggested after we informed her that we had not received the reinstatement form requested approximately days earlier (to this date we have not received that form, even though we were told the form had been sent. She verified our address and forwarded the application we are now submitting.

Enclosed is the fee of \$150.00. Please review our request for waiving the reinstatement fee.

Thank you for your consideration.

Sincer**é**lv

Howard U. Johnson, II, M.D.

President

Ob-Gyn Associates of Tampa, P.A.