

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1082

CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUN 12 AM 10:56

DOCUMENT # P96000001767

1. Corporation Name

JEFFREY STARKMAN, MD, PA

2. Principal Office Address

581 RIVIERA DRIVE

3. Mailing Office Address

PO Box 27545

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

TAMPA FL

Zip

33606

Country

US

Zip

33623

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

01/05/96

5. FEI Number

59-3354541

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

ROBERTO GARCIA, CPA

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

8405 N. EDISON AVENUE

Suite, Apt. #, Etc.

SUITE 103

City

TAMPA, FL

State

FL

Zip Code

33604

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

Robert Garcia

Date 6/2/00

REGISTERED AGENT MUST SIGN

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, P, S	JEFFREY STARKMAN	581 RIVIERA DRIVE	TAMPA, FL 33606

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:

Jeffrey Starkman

JEFFREY STARKMAN

6/8/2000

(813)

932-2911

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/99)

2082

JEFFREY STARKMAN, MD, PA
581 RIVIERA DRIVE
TAMPA, FL 33606

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Gentlemen:

Enclosed you will find our Corporation Reinstatement form and Statement of Change of Registered Agent form. Also enclosed is a check in the amount of \$335 representing annual report fees for the years 1999 and 2000 and \$35 for the change in registered agent.

Please we are kindly asking that reinstatement fees be waived. Our address changed and the reports were never forwarded to our new address.

If you have any questions, please forward them to my new registered agent, Roberto Garcia, CPA (813) 932-2911, as I am an anesthesiologist and I am in surgery most of the time.

Thank you for your attention to this matter.

Sincerely,



Jeffrey Starkman, President
June 6, 2000