PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

98AR

APPLICATION FOR REINSTATEMENT

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

FILED
98 JUL 15 AM 9:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000003933

1. Corporation Name
CARROLLWOOD PROFESSIONAL CENTER, INC

Principal Place of Business
9261 LAZY LANE
TAMPA, FL 33614

Mailing Address
(SAME)

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

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip Country

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 1-9-96

5. FEI Number 59-3202258 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED X $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
P	RICHARD TRZCINSKI	9261 LAZY LANE	TAMPA, FL 33614
VP	"	"	"
S	"	"	"
T	"	"	"

700002597817--6
-07/24/98--01014--002
*****8.75 *****8.75

8. Name and Address of Current Registered Agent
SAM J. REIBER
601 E TWIGGS ST.
#200
TAMPA FL 33602

9. Name and Address of New Registered Agent
Name 700002597817--6
Street Address (P.O. Box Number is Not Acceptable) -07/24/98--01014--001
*****550.00 *****550.00
Suite, Apt. #, Etc.
City State FL Zip Code

CR2E031 (1/96)

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 _____ Date 6/29/98
REGISTERED AGENT MUST SIGN

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 _____ Date 6/29/98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
RICHARD L. TRZCINSKI
Daytime Phone #