

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P96000042449

1. Corporation Name

BRENT SULLIVAN, M.D., P.A.

Principal Place of Business

Mailing Address

13615 BRUCE B. DOWNS BLVD. #113
TAMPA FL 33613-4658

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~~TAMPA FL 33613-4658~~

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10101 QUEENS PARK DR
TAMPA FLORIDA
33647 Hillsborough

4. Date Incorporated or Qualified
To Do Business in Florida

05/17/1996

5. FEI Number

59-3423895

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Number)	City / State / Zip 4
P	SULLIVAN, BRENT C MD.	13615 BRUCE B DOWNS, #113	TAMPA FL

REINSTATEMENT 98-99 5/5/99 B

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FORLIZZO, ROBERT A
13577 FEATHER SOUND DRIVE
SUITE 300
CLEARWATER FL 34622

Name BRENT C. SULLIVAN
Street Address (P.O. Box Number is Not Acceptable)
10101 QUEENS PARK DRIVE
Suite, Apt. #, Etc.
TAMPA FL
City

State Zip Code
FL 33647

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 4/21/99

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

BRENT C. SULLIVAN M.D.

(15)

813-907-0817
Display Phone #