

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 # P96000050085**

1. Corporation Name

**FORT LAUDERDALE SURGERY ASSOCIATES, P.A.**

Principal Place of Business  
315 SE 13TH ST  
FT LAUDERDALE FL 33316

Mailing Address  
315 SE 13TH ST  
FT LAUDERDALE FL 33316

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

2. New Principal Office Address, If Applicable  
1625 SE 3 Ave

Suite, Apt. #, etc.  
Suite 721

City & State  
Ft. Lauderdale FL

Zip  
33316

Country  
Broward

3. New Mailing Office Address, If Applicable  
1625 SE 3 Ave

Suite, Apt. #, etc.  
Suite 721

City & State  
Ft. Lauderdale FL

Zip  
33316

Country  
Broward

4. Date Incorporated or Qualified  
To Do Business in Florida

06/10/1996

5. FEI Number

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	O'ROURKE, AIDEN	<del>315 SE 13TH ST</del> 1625 SE 3 Ave Suite 721	FT LAUDERDALE FL 33316
VD	JOHNSON, RICHARD A	<del>315 SE 13TH ST</del> 1625 SE 3 Ave Suite 721	FT LAUDERDALE FL 33316
SD	AMKO, CARL	<del>315 SE 13TH ST</del> 1625 SE 3 Ave Suite 721	FT LAUDERDALE FL 33316
TD	ARMAND, LUCIEN	<del>315 SE 13TH ST</del> 1625 SE 3 Ave Suite 721	FT LAUDERDALE FL 33316

**REINSTATEMENT**

*G. Alan*

8. Name and Address of Current Registered Agent

LAVENDER, JOEL R  
507 SE 11TH CT  
FT LAUDERDALE FL 33316

9. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, Etc.  
City  
State  
Zip Code

12/12/97  
500002374055--3  
12/16/97-01110-017  
\*\*\*750.00 \*\*\*750.00  
FL

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

REGISTERED AGENT MUST SIGN

Date 12/9/97

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 IMPRINTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C. AMKO MD

12/5/97  
Date

(954)  
523-7408  
Daytime Phone #

CP2ED40 (8/97)