

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 FEB 18 PM 4:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000060033**

1. Corporation Name

Suncoast Dialysis Center, Inc.

2. Principal Office Address

3500 E. Fletcher

Suite, Apt. #, etc.

Suite 129

City & State

Tampa, FL

Zip

33613

Country

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

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**4. Date Incorporated or Qualified
To Do Business in Florida**

1/01/97

5. FEI Number

59-3399899

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

Carolyn J. Simon

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

3500 E. Fletcher

Suite, Apt. #, Etc.

Suite 129

City

Tampa, FL

State

FL

Zip Code

33613

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

Carolyn J. Simon

REGISTERED AGENT MUST SIGN

Date **02-15-02**

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
P	Walter L. Walsh	1990 Mt. Repose	Germantown, TN 38139
S/T	Carolyn Simon	3500 E. Fletcher, Suite 129	Tampa, FL 33613
V	Thomas Fristick, Jr.	1618 Old Mill Road	Germantown, TN 38138
V	Thomas E. Cooper	2341 McVay Cove	Germantown, TN 38138

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:

Carolyn J. Simon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-15-02

Date

813-912-3722

Daytime Phone #