

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 MAY -1 AM 9:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000083039

1. Corporation Name

HEALTH CARE ASSOCIATES OF SARASOTA, P.A.

2. Principal Office Address

3920 Bee Ridge Road

Suite, Apt. #, etc.

Bldg. E, Suite M

City & State

Sarasota, FL 34233

Zip

Country

3. Mailing Office Address

2822 Proctor Road

Suite, Apt. #, etc.

Suite A

City & State

Sarasota, FL 34231

Zip

Country

REINSTATEMENT

00-01

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

10-08-1996

5. FEI Number

65-0698911

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

Cecelia M. Hermann

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

3920 Bee Ridge Road, Bldg. E, Suite M

Suite, Apt. #, Etc.

City

Sarasota

State
FL

Zip Code

34233

200004274782-2

05/21/01-01180-009

****300.00 ****300.00

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

Cecelia M Hermann

REGISTERED AGENT MUST SIGN

Date

4/30/01

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

PD

Cecelia M. Hermann, M.D.

3920 Bee Ridge Road
Bldg. E, Suite M

Sarasota, FL 34233

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:

Cecelia M Hermann
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/30/01

Daytime Phone #

941-9276604

CR2E081 (9/00)