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APPLICATION
FOR
98-99 ARFLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 FEB -4 AM 9:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P970000003870

1. Corporation Name

Bartow Orthopedics, Inc.

Principal Place of Business

Mailing Address

2144 Emerald Ridge Dr
Lakeland, FL 33813

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

4. Date Incorporated or Qualified
To Do Business in Florida

January 14, 1997

5. FEI Number

59-3425662

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
Pres.	Raghu Pulluru	2144 Emerald Ridge Dr	Lakeland, FL 33813
			000003129910--0 -02/09/00--01086--017 ****150.00 ****150.00
			000003129910--0 -02/09/00--01086--018 ****150.00 ****150.00
			000003129910--0 -02/09/00--01086--019 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RAGHU PULLURU - c/o Lee-Well
Foss P.A.
135 Horizon Court
Lakeland FL 33813

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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 AgentRaghu Pulluru
REGISTERED AGENT MUST SIGN

Date 12-15-99

11. This corporation owes 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

Raghu Pulluru

11-30-99

Date

941-640-9026

Daytime Phone #

CR2E081 (12/98)



WALL FOSS, P.A.

CERTIFIED PUBLIC ACCOUNTANTS
BUSINESS & FINANCIAL CONSULTANTS

• November 12, 1999

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Doc#p97000003870
Bartow Orthopedics, Inc.

To whom it may concern:

We never received the forms to renew our corporate registration with the State. The address you have on record has changed.

Our new information is on the enclosed application for reinstatement. We have also enclosed checks for the 1998 and 1999 renewals for \$150.00 each.

Sincerely,

Raghu Pulluru, MD