

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 FEB -9 PM 4:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #**

897000009967

**1. Corporation Name**

SOUTH FLORIDA MICROSURGERY  
ASSOCIATES, P.A.

**2. Principal Office Address**

3449 JOHNSON ST

**3. Mailing Office Address**

3449 JOHNSON ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**

HOLLYWOOD FL

**City & State**

HOLLYWOOD FL

**Zip**

33021

**Country**

USA

**Zip**

33021

**Country**

USA

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

1/21/99

**5. FEI Number**

05-0730061

**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**

FRANK BRADY PA

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

370 W. CAMINO GARDENS BLVD

**Suite, Apt. #, Etc.**

**City**

BOCA RATON

**State**

FL

**Zip Code**

33432

**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

REGISTERED AGENT MUST SIGN

Date

2/4/2004

**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	BRIAN BOYD	2950 CLEVELAND CLINIC	WESTON FL 33331
VP	JEFFREY CRAIG VECIKER	3449 JOHNSON ST	HOLLYWOOD FL 33021
S	YORAN BARWANOW	1150 N 35TH AVE	HOLLYWOOD FL 33021
T	FRANK COMAGISTRO	1625 SE 3rd AVE	FORT LAUDERDALE FL 33316

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEFFREY CRAIG VECIKER 2/4/04 (974) 964-4113

Date

Daytime Phone #

CR2001 (01/04)