

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Glenda E. Hood
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

03 OCT 24 AM 10:45

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P97000077895

1. Corporation Name

SOHAM PULMONARY GROUP, P.A.

Principal Place of Business

Mailing Address

6801 US 27 NORTH
 SUITE ~~C-3~~
 SEBRING FL 33870

6801 US 27 NORTH
 SUITE ~~C-3~~
 SEBRING FL 33870

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 D-4

Suite, Apt. #, etc.

Suite D-4

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

09/08/1997

5. FEI Number

65-0781752

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	BHATT, BIPIN C	6801 US 27 S SUITE C-3 N, Suite D-4	SEBRING FL 33870

200023750022

10/13/03--01065--009 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BHATT, BIPIN C
 6801 US 27 S N
~~SUITE C-3~~ Suite D-4
 SEBRING FL 33870

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. or 617.0505, F.S.

Signature of Registered Agent

X

SIGNATURE: *[Signature]*

REGISTERED AGENT MUST SIGN

Date

X 10/10/03

11. 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:

X SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/13/03 863-382-4141

CR2E040 (7/03)

SOHAM PULMONARY GROUP, P.A.

Heartland Professional Plaza

6801 U.S. 27 North, Suite D-4, Sebring, Florida 33870

Phone: (863) 382-8877 Fax: (863) 382-9147

BIPIN C. BHATT, M.D. FCCP
Board Certified Internal Medicine
Board Certified Pulmonary Disease
Board Certified Critical Care Medicine
Re-certified in 2001
Board Certified Geriatric Medicine
Re-certified in 2001

DEEPAK T. PATEL, M.D. FCCP
Board Certified Internal Medicine
Board Certified Pulmonary Disease
Practicing Sleep Medicine

DAN E. CALLEJA, M.D.
Board Certified Internal Medicine
Board Certified Pulmonary Disease

October 22, 2003

Florida Department of State
Divisions of Corporations

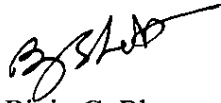
P.O. Box 6327
Tallahassee, Florida 32314

To Whom It May Concern:

We are attaching the application for reinstatement of our corporation along with a check for \$150.00. We relocated our office at the end of last year. Our mail was supposed to be forwarded but we did not receive the two prior UBR notices.

We have made the appropriate address changes on the form. Please reinstate the corporation and make the address corrections in your records.

Sincerely,



Bipin C. Bhatt
Owner