

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

04 APR -5 PM 12:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P98000057932

**1. Corporation Name**

Ira L. Siegman, MD, PA

REINSTATEMENT 03-04

**2. Principal Office Address**

278 S. Moon Avenue

Suite, Apt. #, etc.

City & State

Brandon, Florida

Zip

33511

Country

Hillsborough

**3. Mailing Office Address**

278 S. Moon Avenue

Suite, Apt. #, etc.

City & State

Brandon, Florida

Zip

33511

Country

Hillsborough

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

06/29/1998

**5. FEI Number**

59-3519555

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

Ira L. Siegman, MD

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

278 S. Moon Avenue

Suite, Apt. #, Etc.

City

Brandon

State  
FL

Zip Code  
33511

**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

**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
D	Ira L. Siegman, MD	278 S. Moon Avenue	Brandon, Florida 33511

**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

Date

Daytime Phone #

CP2E081 (01/04)



CARDIOVASCULAR & THORACIC SURGICAL ASSOCIATES

R.R. VIJAY, M.D.  
NARENDRA S. SASTRY, M.D.  
IRA L. SIEGMAN, M.D.  
N.S. RATTEHALLI, M.D.  
MICHAEL CORTELLI, M.D.  
RAVI SHARMA, M.D.

February 18, 2004

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Re: Ira L. Siegman, M.D., P.A.  
FEIN: 59-3519555  
Document: P98000057932  
Form: Corporation Reinstatement

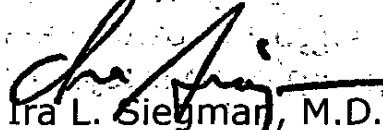
Dear Sir or Madam:

In reference to the above mentioned entity, please be aware that we moved our office and never received any forms for annual filing or notification that the corporation would be dissolved.

Please accept our check in the amount \$300.00. Payment of \$150.00 is for the prior year that no forms were received and the other payment of \$150.00 is for this years current filing. We ask that you waive any reinstatement fees.

Thank you for your assistance in this matter.

Sincerely,

  
Ira L. Siegman, M.D.

ILS:drb