

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FLORIDA DEPARTMENT OF STATE

REINSTATEMENT



Jim Smith  
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 28 PM 12:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000075732

1. Corporation Name

OSVALDO F. PADRON, M.D., P.A.

Principal Place of Business

4700 NORTH HABANA AVENUE #600  
TAMPA FL 33614

Mailing Address

4700 NORTH HABANA AVENUE #600  
TAMPA FL 33614



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

4. Date Incorporated or Qualified  
To Do Business in Florida

08/31/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3530223

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
PP	PADRON, OSVALDO F	4700 N HABANA AVE	TAMPA FL 33614

900008636069  
10/28/02--01114--020 \*\*150.00

10/24/02

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PADRON, OSVALDO F M.D.  
4700 NORTH HABANA AVENUE #600  
TAMPA FL 33614

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

CR2E040 (8/02)

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/24/02

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/24/02

October 24, 2002

State of Florida  
Secretary of State

RE: 2002 UBR REPORT

To whom it may concern:

We have received your notice of dissolution for Osvaldo F. Padron, MD PA, ID # 59-3530223. Please be advised that we did not receive any prior notification from the state regarding filing this report and therefore are requesting relief under Florida statutes from the imposed late fee.

Enclosed please find our check for \$150.00, which represents our filing fee for the 2002 uniform Business Report.

Thank you in advance for your cooperation



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Osvaldo F. Padron, President