

PLEASE READ ALL INSTRUCTIONS

BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P98000093196

1. Corporation Name

RIVERSIDE PEDIATRICS, P.A.

Principal Place of Business

Mailing Address

300 RIVERSIDE DRIVE EAST  
SUITE 1300  
BRADENTON FL 34208300 RIVERSIDE DRIVE EAST  
SUITE 1300  
BRADENTON FL 34208

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 &amp; State

City &amp; State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

11/02/1998

5. FEI Number

65-0875287

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 3	City / State / Zip 4
D	PALACIO, LILIANA M.D.	300 RIVERSIDE DR E #3900	BRADENTON FL 34208

100024981281  
11/24/03--01093--002 \*\*150.00100024981281  
02/24/04--01039--005 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PALACIO, LILIANA M.D.  
300 RIVERSIDE DRIVE EAST, SUITE 3900  
BRADENTON FL 34208

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

REGISTERED AGENT MUST SIGN

Date

11/10/03

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

04 FEB 24 AM 11:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT

03-54

CPRE040 (7/03)

February 16, 2003

Florida Department of State  
Division of Corporations  
Annual Report/Uniform Business Report Section  
P. O. Box 6327  
Tallahassee, Florida 32314

To Whom It May Concern:

Please accept the Application for Reinstatement and this check in the amount of \$150.00 for the reinstatement fee for 2004. At this time, I would like to request the late fee be waived due to non-receipt of the original/second notice uniform business report.

If you require additional information please feel free to contact me directly at (941) 747-2242 or in writing at: Riverside Pediatrics, P.A., 300 Riverside Drive East, Suite # 1300, Bradenton, Florida 34208. Thank you in advance for your time and consideration in this matter.

Sincerely,

A handwritten signature in dark ink, appearing to read 'Liliana Palacio', written over a horizontal line.

Liliana Palacio, M.D.