

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 FEB 28 AM 8:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 898000096885

## 1. Corporation Name

Sarasota OB/GYN Associates PA

500013270925  
02/28/03--01043--003 \*\*300.00

## 2. Principal Office Address

5741 Bee Ridge Rd

Suite, Apt. #, etc.

Ste 570

City &amp; State

Sarasota, FL

Zip

34233

Country

USA

## 3. Mailing Office Address

Same

Suite, Apt. #, etc.

City &amp; State

-

Zip

-

Country

-

4. Date Incorporated or Qualified  
To Do Business in Florida

## 5. FEI Number

65-0893734

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

Daniel L. Prewett

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

5777 Benewa Rd S.

Suite, Apt. #, Etc.

City

Sarasota, FL

State

FL

Zip Code

34233

## 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

Daniel Prewett

REGISTERED AGENT MUST SIGN

Date

2/24/03

## 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
Pres	Wayne A. Cohen MD.	Same as above	

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:

Wayne Cohen MD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/24/03

Daytime Phone #

941 343 0609



BOARD CERTIFIED IN OBSTETRICS & GYNECOLOGY

February 24, 2003

Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Re: Sarasota OB/GYN Associates, PA

To Whom It May Concern:

Please be advised that I am submitting a corporation reinstatement form, as I never received 2002/2003 Annual renewal forms. I would appreciate your consideration in waiving any penalty fees associated with this corporation for not filing. Enclosed please find \$300.00 for 2002/2003 annual fees.

Thank you for your consideration.

Sincerely,

Wayne A. Cohen, M.D., FACOG  
President