

1062

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Mailing Address

1174 ARTHUR ST  
HOLLYWOOD FL 33019



# REINSTATEMENT *ALL*

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City &amp; State

Zip	Country
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<input checked="" type="checkbox"/>	Applied For
<input type="checkbox"/>	Not Applicable

**\$8.75 Additional Fee required  
for a Certificate of Status**

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	BRIEN, GINGE	<del>1909 HARRISON ST., STE. 212</del> 1174 ARTHUR ST.	HOLLYWOOD FL <del>33020</del> 33019
			500003514985--0 -12/27/00--01082--018 ****750.00 ****750.00
			LS

**9. Name and Address of New Registered Agent**

Name Joseph Brice Esp  
Street Address (P.O. Box Number is Not Acceptable) 2632 Hollywood Blvd #  
Suite, Apt. #, Etc. Suite 212  
City Hollywood

Signature of  
Registered Agent \_\_\_\_\_  
REGISTERED AGENT MUST SIGN

Date 10-16-2000

SIGNATURE: [Signature] SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-16-2000 (954) 921-0208

678-530-6156

Date: 11/2/2000

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Form **SS-4**

(Rev. February 1998)

Department of the Treasury  
Internal Revenue Service**Application for Employer Identification Number**

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

► Keep a copy for your records.

EIN

65-1051348

OMB No. 1545-0003

Please type or print clearly.

1 Name of applicant (legal name) (see instructions)

Ginge Brien, M.D., P.A.

2 Trade name of business (if different from name on line 1)

3 Executor, trustee, "care of" name

4a Mailing address (street address) (room, apt., or suite no.)

1174 Arthur St

5a Business address (if different from address on lines 4a and 4b)

4b City, state, and ZIP code

Hollywood FL 33019

5b City, state, and ZIP code

6 County and state where principal business is located

Broward Florida

7 Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN may be required (see instructions) ►

Ginge Brien, M.D.

D.O.B 6-5-60 262 77 0567

8a Type of entity (Check only one box.) (see instructions)

Caution: If applicant is a limited liability company, see the instructions for line 8a.

☐ Sole proprietor (SSN)☐ Partnership☐ REMIC☐ State/local government☐ Church or church-controlled organization☐ Other nonprofit organization (specify) ►☐ Other (specify) ►☒ Personal service corp.☐ National Guard☐ Farmers' cooperative☐ Estate (SSN of decedent)☐ Plan administrator (SSN)☐ Other corporation (specify) ►☐ Trust☐ Federal government/military

(enter GEN if applicable)

8b If a corporation, name the state or foreign country (if applicable) where incorporated

State

FL

Foreign country

9 Reason for applying (Check only one box.) (see instructions)

☒ Started new business (specify type) ►

Medical Services

☐ Hired employees (Check the box and see line 12.)☐ Created a pension plan (specify type) ►☐ Banking purpose (specify purpose) ►☐ Changed type of organization (specify new type) ►☐ Purchased going business☐ Created a trust (specify type) ►☐ Other (specify) ►

10 Date business started or acquired (month, day, year) (see instructions)

12/29/1998

11 Closing month of accounting year (see instructions)

12

12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)

1/1/2001

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions)

Nonagricultural

Agricultural

Household

1

0

0

14 Principal activity (see instructions) ►

Medical Services

15 Is the principal business activity manufacturing?

If "Yes," principal product and raw material used ►

☐ Yes☒ No

16 To whom are most of the products or services sold? Please check one box.

☒ Public (retail)☐ Other (specify) ►☐ Business (wholesale)☐ N/A

17a Has the applicant ever applied for an employer identification number for this or any other business?

☐ Yes☒ No

Note: If "Yes," please complete lines 17b and 17c.

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.

Legal name ►

Trade name ►

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.

Approximate date when filed (mo., day, year)

City and state where filed

Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code)

(954) 921-0208

Fax telephone number (include area code)

(954) 921-0208

Name and title (Please type or print clearly.) ►

Ginge Brien

Signature ►

Ginge Brien

Date ► 11/1/2000

Note: Do not write below this line. For official use only.

Please leave blank ►

Geo.

Ind.

Class

Size

Reason for applying