

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 DEC 19 PM 1:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # ~~05-0000280~~ *P99000069279*

1. Corporation Name

Norman Wasserman,MDPA

2. Principal Office Address - No P.O. Box #
625 S. State Road 7

Suite, Apt. #, etc.

City & State
Hollywood, Florida

Zip
33023

Country
Broward

3. Mailing Office Address
625 S. State Road 7

Suite, Apt. #, etc.

City & State
Hollywood, Florida

Zip
33023

Country
Broward

REINSTATEMENT *06-07*
CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida *August 4, 1999*

5. FEI Number
65-0938280

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
Norman Wasserman, M.D.

Street Address (P.O. Box Number is Not Acceptable)
625 South State Road 7

Suite, Apt. #, Etc.

City
Hollywood

State
FL

Zip Code
33023

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Norman Wasserman, M.D.

REGISTERED AGENT MUST SIGN

Date **December 15, 2007**

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
P	Norman Wasserman, M.D.	625 South State Road 7	Hollywood, FL 33023

600113276516
12/19/07--01038--016 **300.00

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 contained in Chapter 119, 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

Norman Wasserman, M.D.

Norman Wasserman, M.D.

Dec. 15, 2007

(954)376-2611

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #