

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 NOV 10 PM 3: 50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S21672

1. Corporation Name
JOSE R. ROCA, M.D., P.A.

Principal Place of Business
**34911 U.S. 18TH NORTH
SUITE 508
PALM HARBOR FL 34684**

Mailing Address
**34911 U.S. 18TH NORTH
SUITE 508
PALM HARBOR FL 34684**



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 92

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01/02/1991	
City & State		City & State		5. FEI Number 59-3044844	
Zip		Country		Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				\$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	ROCA, JOSE R.	1980 MACGREGOR DRIVE	TARPON SPRINGS FL 34689
			400002346864--4
			-11/13/97--01091--016
			****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ROCA, JOSE R. 34911 US HIGHWAY 19 N STE 508 SUITE 508 508 PALM HARBOR FL 34684		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. 508 City State FL Zip Code	
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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.

Signature of Registered Agent Date **11-6-97**
 REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on Intangible tax.)

12. 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(9)(f), 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: **Jose R. Roca, M.D.**
 SIGNATURE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date **11-6-97** Daytime Phone # **813-784-0840**

CR2E040 (8/97)