

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
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 96 NOV -6 AM 9:23

DOCUMENT # **S60483**

1. Corporation Name

JOSE A. GUETHON, M.D., P.A.

Principal Place of Business

Mailing Address

~~4300 4TH STREET NORTH
 ST PETERSBURG FL 33708~~

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 ST PETERSBURG FL 33708~~



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

4. Date Incorporated or Qualified To Do Business in Florida

08/18/1991

Suite, Apt. #, etc. **34 Laurel Ridge Break**
 City & State **Ormond Beach, FL**

Suite, Apt. #, etc. **34 Laurel Ridge Break**
 City & State **Ormond Beach, FL**

5. FEI Number

59-3069560

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

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
PVT	GUETHON, JOSE A, MD	19/2 COBBLESTONE WAY 34 Laurel Ridge Break	CLEARWATER FL Ormond Beach FL 32174
			400002001774--1 -11/12/96--01023--001 ****375.00 ****375.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RILEY, STEVEN P.
 5411 BEAUMONT CENTER BLVD.
 SUITE 700
 TAMPA FL 33634

Name **Alicia A. Beck**
 Street Address (P.O. Box Number is Not Acceptable) **180 W. GRAND BLVD**
 Suite, Apt. #, Etc. **SUITE 104**
 City **Ormond Beach** State **FL** Zip Code **32174**

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

[Signature]
SIGNATURE REQUIRED
 REGISTERED AGENT MUST SIGN

Date

12/2/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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(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]
JOSE A. GUETHON MD
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 12/2/96

Daytime Phone # (904) 676-4981

CR-2500 (7/95)