

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAY 21 AM 8:00

DOCUMENT # **578251**

1. Corporation Name

Carrollwood Surgical Associates, PA

REINSTATEMENT

02-04

2. Principal Office Address

7171 N. Dale Mabry

Suite, Apt. #, etc.

Suite 402

City & State

Tampa, FL

Zip

33614

Country

USA

3. Mailing Office Address

7171 N. Dale Mabry

Suite, Apt. #, etc.

Suite 402

City & State

Tampa, FL

Zip

33614

Country

USA

800036990998

05/21/04--01038--006 **450.00

4. Date Incorporated or Qualified
To Do Business in Florida

09/04/1991

5. FEI Number

59-3084472

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

Ravindra R. Patel, MD

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

16606 Villavenda De Avila

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33163

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

05/18/04

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
<i>PTD</i>	<i>Shazad I. Patel, MD</i>	<i>3111 Mossvale Lane</i>	<i>Tampa, FL 33618</i>
<i>VSD</i>	<i>Ravindra R. Patel, MD</i>	<i>16606 Villavenda De Avila</i>	<i>Tampa FL 33163</i>

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:

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

Date

05/18/04

Daytime Phone #

813 9333324

CR2E081 (01/04)