APPROVED AND FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR 0597 REINSTATEMENT

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

1997 JUN 13 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #S86392

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1. Corporation Name

Lewis R. Groden, M.D., P.A.

Principal Place of Business	Mailing Address
4730 N. Habana Avenue, Suite 301 Tampa, Florida 33614	

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable	3. New Mailing Address, If Applicable
13601 Bruce B. Downs Blvd.	6212 Bayshore Blvd.
Suite, Apt. #, etc. Suite 210	Suite, Apt. #, etc. Apt. K
City & State Tampa, Florida	City & State Tampa, Florida
Zip 33613 Country USA	Zip 33611 Country USA

4. Date Incorporated or Qualified To Do Business in Florida: 10/9/91

5. FEI Number: 59-3095258 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $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)

Title(s) 1	2	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D		Lewis R. Groden	6212 Bayshore Blvd., Apt. K	Tampa, FL 33611

REINSTATEMENT 9597 6/16/97

8. Name and Address of Current Registered Agent

Lewis R. Groden
3411 McKay Avenue
Tampa, Florida 33609

9. Name and Address of New Registered Agent

Name: Lewis R. Groden
Street Address (P.O. Box Number is Not Acceptable): 6212 Bayshore Blvd.
Suite, Apt. #, Etc.: Apt. K
City: Tampa State: FL Zip Code: 33611

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 6/6/97
REGISTERED AGENT MUST SIGN

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: _____ 6/6/97 Lewis R. Groden, 813-971-3846
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #