

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S97907

1. Corporation Name

THE CENTER FOR INTERNAL MEDICINE, INC.

FILED

02 DEC 13 PM 12:49

SECRETARY OF STATE
TALLAHASSEE, FL 32399

Principal Place of Business

13911 LAKESHORE BLVD.
STE J
HUDSON FL 34667
US

Mailing Address

13911 LAKESHORE BLVD.
STE J
HUDSON FL 34667
US

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

2. New Principal Office Address, If Applicable

13911 Lakeshore Blvd

Suite, Apt. #, etc.

Suite 4B-C

City & State

Hudson, FL 34667

Zip

34667

Country

US

3. New Mailing Office Address, If Applicable

13911 Lakeshore Blvd

Suite, Apt. #, etc.

Suite 4B-C

City & State

Hudson, FL 34667

Zip

34667

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

12/02/1991

5. FEI Number

59-3097130

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	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	KUTTY, MOHAN	13911 LAKESHORE DRIVE, SUITE J	HUDSON FL
P	KUTTY, SHEELA	13911 LAKESHORE DRIVE, SUITE J	HUDSON FL

8. Name and Address of Current Registered Agent

KUTTY, MOHAN
13911 LAKESHORE DRIVE, SUITE J
HUDSON FL 34667

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

Mohan Kutty

NOT REQUIRED

REGISTERED AGENT MUST SIGN

Date

12/5/02

11. 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:

Mohan Kutty

NOT REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/5/02

CR2E040 (8/02)