PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 DEC 13 AM 11:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 719162

REINSTATEMENT 01-04

1. Corporation Name
FLORIDA NEUROSURGICAL SOCIETY, INC.

1000 Riverside Avenue
1000 Riverside Avenue

2. Principal Office Address	**3.** Mailing Office Address
1000 Riverside Avenue	1000 Riverside Avenue
Suite, Apt. #, etc.: Suite 115	Suite, Apt. #, etc.: Suite 115
City & State: Jacksonville, FL	City & State: Jacksonville, FL
Zip: 32204 Country: USA	Zip: 32204 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida 8/19/70

5. FEI Number 593014884 ☐ 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: Christopher L. Nuland

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12/23/04--01028--018 **~~50~~ 245.00

Street Address (P.O. Box Number is Not Acceptable): 1000 Riverside Avenue

Suite, Apt. #, Etc.: Suite 115

City: Jacksonville | State: FL | Zip Code: 32204

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 _____ Date 12/10/04
REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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
PD	Steven Roper, M.D.	1000 Riverside Avenue, Suite 115	Jacksonville, FL 32204
D	David Sachs, M.D.	1000 Riverside Avenue, Suite 115	Jacksonville, FL 32204
D	Phil Tally	1000 Riverside Avenue, Suite 115	Jacksonville, FL 32204
D	Nizam Razack, MD	1000 Riverside Ave, Suite 115	Jacksonville, FL 32204

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: _____ 12/10/04 904-355-1555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Steven Roper, MD Date Daytime Phone #

12/13/04

To Whom It May Concern:

To the best of my knowledge and that of the listed registered agent, The Florida Neurological Society, Inc. never received the 2001 Annual Report Form or subsequent notices. The Society therefore requests that all penalties associated with the proposed reinstatement be waived.

Sincerely,

Christopher L. Nuland
Atty + New Registered Agent