

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 719162			
1. Corporation Name FLORIDA NEUROSURGICAL SOCIETY, INC.			
1000 Riverside Avenue 1000 Riverside Avenue			
2. Principal Office Address 1000 Riverside Avenue		3. Mailing Office Address 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

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

REINSTATEMENT 01-04

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 ☐ \$9.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name Christopher L. Nuland	
Street Address (P.O. Box Number is Not Acceptable) 1000 Riverside Avenue	
Suite, Apt. #, Etc. Suite 115	
City Jacksonville	State FL
Zip Code 32204	

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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

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	Nizem 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steven Roper, MD

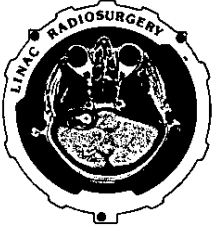
12/10/04

Date

904-355-1555

Daytime Phone #

CR20081 (01/04)



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,

Chas L. Noland

Christopher L. Noland

Atty + New Registered Agent