

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

00 NOV 15 AM 11:35

DOCUMENT # **V50817**

1. Corporation Name

NAPLES MEDICAL CENTER, P.A.

Principal Place of Business

Mailing Address

400 8TH STREET NORTH
 NAPLES FL 34102

400 8TH STREET NORTH
 NAPLES FL 34102



REINSTATEMENT 00

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 07/15/1992	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0332909	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	BOYNTON, DOUGLAS M.D.	400 8TH STREET NORTH	NAPLES FL
VD	GABOT, ALAN MD SCHULTZEL, LESLIE MD	400 8TH STREET NORTH 400 8th STREET NORTH	NAPLES FL 34102 NAPLES FL 34102
D	MORRIS, DANIEL J M.D. THOMPSON, STEPHEN MD	400 8TH ST NORTH 11181 HEALTH PARK BLVD.	NAPLES FL NAPLES, FL 34110
PD	WISE, KENDALL L M.D.	400 8TH ST NORTH	NAPLES FL
SD	ROLAND, RICHARD M M.D.	400 8TH ST NORTH	NAPLES FL 34102
VD	DREW, DANIEL MD VENABLE, JAMES MD	11121 HEALTHPARK BLVD., STE. 800 400 8th ST NORTH	NAPLES FL 34110 NAPLES FL 34102

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
CUNDIFF, DANIEL R NAPLES MEDICAL CENTER ADMIN. 400 8TH STREET NORTH NAPLES FL 34102		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State FL

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: *[Signature]* Date: 10/16/00

REGISTERED AGENT MUST SIGN

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: *[Signature]* Daniel R. Cundiff Date: 10/16/00 Daytime Phone #: 941 649 3351

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Boynton, Douglas, M.D. 400 8th Street, No., Naples, FL 34102
Galbut, Alan, M.D. 400 8th Street, No., Naples, FL 34102
Schultzel, Leslie, M.D. 400 8th Street, No., Naples, FL 34102
Morris, Daniel J., M.D. 400 8th Street, No., Naples, FL 34102
Thompson, Stephen, M.D. 11181 Health Park Blvd., Naples, FL 34110
Wise, Kendall L., M.D. 1044 Goodlette Rd., No., Naples, FL 34102
Roland, Richard M., MD. 400 8th Street, No., Naples, FL 34102
Drew, Daniel, M.D. 11121 Health Park Blvd., Ste. 800, Naples,
FL 34110
Venable, James, M.D. 400 8th Street, No., Naples, FL 34102