

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 488860

1. Corporation Name

Neurologic Consultants, Lopez, Wagshul, Stewart, Barredo, and, Kohrman, MD PA

2. Principal Office Address

7330 SW 62 place

Suite, Apt. #, etc.

#310

City & State

South Miami, FL

Zip

33143

Country

3. Mailing Office Address

7330 SW 62 place

Suite, Apt. #, etc.

#310

City & State

South Miami, FL

Zip

33143

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

11/01/1975

5. FEI Number

591630265

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

Ray Lopez

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

7330 SW 62 place

Suite, Apt. #, Etc.

suite #310

City

South Miami

State
FL

Zip Code
33143

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

Ray Lopez

Date

10/10/06

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	Ray Lopez	7330 SW 62 PI	South Miami, FL 33143
D	James Stewart	7330 SW 62 PI	South Miami, FL 33143
D	Alan Wagshul	7330 SW 62 PI	South Miami, FL 33143
D	Victor Barredo	7330 SW 62 PI	South Miami, FL 33143
D	Bruce Kohrman	7330 SW 62 PI	South Miami, FL 33143

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 contained in Chapter 119, 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

VICTOR BARREDO

10 Oct 06 305-665-6501

Date

Daytime Phone #

Address Change only

09/28/06 01048 005 1050

CR2E081 (12/05)

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NEUROSCIENCE CONSULTANTS, LLC

Ray Lopez, M.D.
Victor Barredo, M.D.
Bruce Kohrman, M.D.
Javier Lopez, M.D.
Raymond Ryan, M.D.

South Miami Medical Square
7330 S.W. 62nd Place, Suite 310
Post Office Box 432250
South Miami, Florida 33243-2250

Telephone: (305) 665-6501
Facsimile: (305) 661-9643
Facsimile: (305) 661-1672

10 October 2006

Florida Department of State
Division of Corporations
P O Box 6327
Tallahassee, FL 32314

Re: Neurologic Consultants
Ref. Number 488860

I have corrected the enclosed document as per your request. Please note the papers were filled out according to the information obtained on the Florida Dept of State corporations on line. I did call prior to filling out the original forms. I have changed the principal address to reflect our street address and not the P O Box, as was previously registered. The street address is also the mailing address.

The day time contact numbers are 305-665-6501 x101 and/or 305-665-6050.

Please contact me if you have any further questions or need any additional information sent to you.

Thank you,



Leisamarie Aponte