


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 97 AUG 12 PM 1:07 SECRETARY OF STATE TALLAHASSEE, FLORIDA 100002265171--4 -08/12/97--01094--006 ***1080.00 ***1080.00	
DOCUMENT # 50 8854					
1. Corporation Name William L. Bacon M.D. P.A. W97-18447					
Principal Place of Business 6028 Deer Trace Dr. Nashville, Tenn. 37211		Mailing Address 6028 Deer Trace Dr. Nashville, Tenn. 37211			
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 6028 Deer Trace Dr.		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-1678210	
City & State		City & State Nashville, Tenn. 37211		Applied For Not Applicable	
Zip 37211		Country USA		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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip		
owner	William L. Bacon M.D.	6028 Deer Trace Dr.	Nashville, Tenn 37211		
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent			
Same		Name William L. Bacon			
		Street Address (P.O. Box Number is Not Acceptable) 511 T.E. 15th St.			
		Suite, Apt. #, Etc.			
		City Miami		State FL	Zip Code 33132
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		William L. Bacon MD		Date 23 July 97	
		REGISTERED AGENT MUST SIGN			
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)					
12. 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: William L. Bacon MD		Date 23 July 97 615-862-4405			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #			

CR2040 (12/96)