

**APPLICATION FOR REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**APPROVED AND FILED**

1997 DEC 22 AM 10:34

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT # F78887**

1. Corporation Name

Beauregard L. Bercaw, M.D., P.A.

Principal Place of Business

Mailing Address

~~C/O James A. Haley Vet. Hospital-Neuro #111E  
 13000 North 30th Street  
 Tampa, FL 33612~~

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

2. New Principal Office Address, If Applicable  
 670 Goodlette Rd. N.

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

04/01/1982

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2174767

Applied For

Not Applicable

City & State

Naples, FL 34102

City & State

Zip 34102

County Collier

Zip

Country

6 CERTIFICATE OF STATUS DESIRED

\$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
DP	Bercaw, Beauregard L.	670 Goodlette Rd. N.	Naples, FL 34102

**REINSTATEMENT**

05-97  
 12/22/97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Bercaw, Beauregard L.  
 C/O Neurosurgical and Spine Assoc.  
 670 Goodlette Rd. N.  
 Naples, FL 34102

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

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

*Beauregard Bercaw*  
 REGISTERED AGENT MUST SIGN

Date

12-11-97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No

(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:

*Beauregard Bercaw*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12-13-97