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 OCT 31 PM 3:12
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # F78514

1. Corporation Name

GULF COAST PHYSICIAN PARTNERS, P.A.

Principal Place of Business	Mailing Address
4501 N. DAVIS HWY.. STE. A PENSACOLA FL 32503	4501 N. DAVIS HWY.. STE. A PENSACOLA FL 32503

REINSTATEMENT 97A20

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business In Florida: 05/03/1982

5. FEI Number: 59-2191195 ☐ Applied For ☐ Not Applicable

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
PD	IRVIN, E. COY J R	4501 N. DAVIS HWY. STE A	PENSACOLA, FL 00000
VD	YOUNG, DAVID B	4501 N. DAVIS HWY, STE A	PENSACOLA FL
SD	BRANNON, H. DAVID	4501 N DAVIS HWY, STE A	PENSACOLA FL
TD	MAYEAUX, DENNIS ENNIS	4501 N. DAVIS HWY., STE. A	PENSACOLA FL 32503
VD	WYROSDICK, CRAIG	4501 N. DAVIS HWY., STE. A	PENSACOLA FL 32503
VD	MCLEOD, PAUL A	4501 N. DAVIS HWY., STE. A	PENSACOLA FL 32503

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
~~BELK, WILLIAM W~~ ~~4501 N DAVIS HWY, STE A~~ ~~PENSACOLA FL 32503~~	Name: Irvin, E. Coy, Jr. Street Address (P.O. Box Number is Not Acceptable): 4501 North Davis Highway Suite, Apt. #, Etc.: Suite A City: Pensacola State: FL Zip Code: 32503

600002398266--0
-11/04/97-01090-028
****750.00 ****87.50

CR2E040 (8/97)

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 _____ Date _____
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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: _____ 850-479-1166
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
E. Coy Irvin, Jr.