

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 NOV 23 AM 11:31

DOCUMENT # **1674753**

**1. Corporation Name**

West Coast Obstetrics & Gynecology, P.A.

513 Manatee Avenue East  
Bradenton, FL 34208

**2. Principal Office Address**

513 Manatee Avenue East

**3. Mailing Office Address**

Bradenton, FL 34208

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Bradenton, FL

City & State

Bradenton, FL

Zip

34208

Country

USA

Zip

34208

Country

USA

**REINSTATEMENT** **04**

**4. Date Incorporated or Qualified  
To Do Business in Florida 4/1/1989**

**5. FEI Number**  
65-0115560

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

John V. Quinlan

Street Address (P.O. Box Number is Not Acceptable)  
601 12th Street West

Suite, Apt. #, Etc.

City

Bradenton

State  
**FL**

Zip Code  
34205

**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

Date

10/27/04

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
DP	José R. Mattá, M.D.	513 Manatee Avenue East	Bradenton, FL 34208
D	Michele LeMay-Pace, M.D.	513 Manatee Avenue East	Bradenton, FL 34208

**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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/6/04

Daytime Phone #

(941) 745-1616

12/1/04