

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 JAN 27 PM 1:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 155021

1. Corporation Name

Ayres Jones Atlantic Urological Associates, P.A.

Principal Place of Business

Mailing Address

~~311 N. Clyde Morris Blvd.~~  
~~Daytona Beach, FL 32114~~

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

2. New Principal Office Address, If Applicable

545 Health Boulevard  
Suite, Apt. #, etc.

3. New Mailing Address, If Applicable

545 Health Boulevard  
Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida  
3-2-90

5. FEI Number  
59-3003251

Applied For  
Not Applicable

City & State  
Daytona Beach, FL

City & State  
Daytona Beach, FL

Zip  
32114 Country  
USA

Zip  
32114 Country  
USA

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	Jones, William R., M.D.	545 Health Blvd.	Daytona Beach, FL 32114
VD	Brown, B. Thomas, M.D.	545 Health Blvd.	Daytona Beach, FL 32114
VD	Dineen, Martin K., M.D.	545 Health Blvd.	Daytona Beach, FL 32114
TD	Wescott, John W., M.D.	545 Health Blvd.	Daytona Beach, FL 32114
SD	Cantwell, Anthony L., M.D.	545 Health Blvd.	Daytona Beach, FL 32114

8. Name and Address of Current Registered Agent

Palmetto Charter Services, Inc.  
150 Magnolia Ave.  
Daytona Beach, FL 32114

9. Name and Address of New Registered Agent

Name  
B. Thomas Brown, M.D.  
Street Address (P.O. Box Number is Not Acceptable)  
545 Health Blvd.  
Suite, Apt. #, Etc.  
City  
Daytona Beach State  
FL Zip Code  
32114

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 1-21-97

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-97

Date

(904) 239-8500

Daytime Phone #

CR2E040 (12/95)