

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
JULY 1992
Secretary of State
DIVISION OF CORPORATIONS

L9700000600

02 NOV -5 PM 1:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L97000000600

Name and Mailing Address

0011665 01 SP 0.370 **SGLP

0615 34102

COLLIER NEUROLOGIC SPECIALISTS, P.L.
730 NEUROLOGIC SPECIALISTS, P.L.
STE. 100
NAPLES FL 34102

400008814054
11/05/02--01108--003 **150.00



2. New Mailing Address 730 GOODLETTE ROAD, STE. 100 City, State, Zip NAPLES, FLORIDA 34102		4. State/Country of Formation FL	
Principal Place of Business 730 NEUROLOGIC SPECIALISTS, P.L. STE. 100 NAPLES FL 34102		5. Date Organized or Qualified To Do Business in Florida 05/29/1997	
3. New Principal Place of Business Address 730 GOODLETTE ROAD #100 City, State, Zip NAPLES, FL 34102		6. FEI Number 59-3454890 Applied For <input type="checkbox"/> Not Applicable	
8. Name and Address of Current Registered Agent NAPLES-LAWDOCK, INC. 4501 TAMiami TRAIL NORTH, SUITE 300 NAPLES FL 34102		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name: LINDA MOEBIUS Street Address (P.O. Box Number is Not Acceptable): 730 GOODLETTE ROAD, STE 100 City: NAPLES FL Zip Code: 34102			
10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent: <u>Linda Moebius</u> Date: <u>10/31/02</u> REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	ERTAG, WILLIAM M.D.	730 NEUROLOGIC SPECIALISTS, P.L. 730 GOODLETTE ROAD, STE 100	NAPLES FL 34102
MGR	LITTLE, JOHN R M.D. COLON, GARY P.	730 NEUROLOGIC SPECIALISTS, P.L. 730 GOODLETTE ROAD, STE 100	NAPLES FL 34102
MGR	WOLFF, BRIAN M.D.	730 NEUROLOGIC SPECIALISTS, P.L. 730 GOODLETTE ROAD, STE 100	NAPLES FL 34102
MGR	DERNBACH, PAUL M.D.	730 NEUROLOGIC SPECIALISTS, P.L. 730 GOODLETTE ROAD, STE 100	NAPLES FL 34102
MGR	CAMPBELL, JOHN M.D.	730 NEUROLOGIC SPECIALISTS, P.L. 730 GOODLETTE ROAD, STE 100	NAPLES FL 34102
MGR	JUSTIZ, WILLIAM A.	730 GOODLETTE ROAD, STE 100	NAPLES, FL 34102

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company 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 of Managing Member/Manager: Paul DERNBACH Date: 10/31/02 Daytime Phone #: 239-262-8971

Typed or printed name of signing Managing Member/Manager: PAUL DERNBACH MD

CR2E084 (8/02)