

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P00000095667

1. Corporation Name

SAN JOSE NEUROLOGICAL CENTER, INC.

Principal Place of Business

1755 UNIVERSITY BLVD. WEST
JACKSONVILLE FL 32217

Mailing Address

~~1755 UNIVERSITY BLVD. WEST~~
~~JACKSONVILLE FL 32217~~
2221 Segovia Avenue
Jacksonville, FL 32217

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

2221 Segovia Avenue

Jacksonville, Florida

32217

4. Date Incorporated or Qualified
To Do Business in Florida

10/10/2000

5. FEI Number

59-3683769

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	MUZAUARIETA, AURELIO A.M.D.	2221 SEGOVIA AVENUE	JACKSONVILLE FL 32217
D	FLOREZ, GERARDO M.D.	3710 UNIVERSITY BLVD. SOUTH SUITE 1755 University Blvd, West	JACKSONVILLE FL 32216 32217
			300004674743--9 -11/13/01--01004--024 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name
Aurelio A. MUZAUARIETA
Street Address (P.O. Box Number is Not Acceptable)
2221 Segovia Avenue
Suite, Apt. #, Etc.
City
Jacksonville
State
FL
Zip Code
32217

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

Aurelio A. Muzaurieta

REGISTERED AGENT MUST SIGN

Date

10/16/01

11. 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:

Aurelio A. Muzaurieta

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Aurelio A. Muzaurieta

Date

10/16/01 (904) 631-2669

Daytime Phone #

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October 22, 2001

Divisions of Corporations
Annual Report/Reinstatement Section
P. O. Box 6327
Tallahassee, FL 32314-6327

Dear Sir or Madam:

RE: 2001 Corporation Reinstatement

San Jose Neurological Center, Inc. never received the **2001 Corporate Annual Report** applications due to an incorrect mailing address. Please accept the enclosed checks and **Corporate Reinstatement** with the correct mailing address of 2221 Segovia Avenue, Jacksonville, FL 32217.

Aurelio A. Muzaurieta, -President & Director
San Jose Neurological Center, Inc.