

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT -7 AM 11:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P01000038339

1. Corporation Name

BAYVIEW OB/GYN, P.A.

REINSTATEMENT

02-07

500023591935

10/07/03--01001--003 **300.00

2. Principal Office Address

700 CENTRAL AVE

Suite, Apt. #, etc.

SUITE 400

City & State

ST. PETERSBURG, FL

Zip
33701

Country

FLORIDA

3. Mailing Office Address

700 CENTRAL AVE

Suite, Apt. #, etc.

SUITE 400

City & State

ST. PETERSBURG, FL

Zip
33701

Country

FLORIDA

4. Date Incorporated or Qualified
To Do Business in Florida

4/12/01

5. FEI Number

59-3719439

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

TOM McNEIL

Street Address (P.O. Box Number is Not Acceptable)

700 CENTRAL AVENUE

Suite, Apt. #, Etc.

SUITE 700

City

ST. PETERSBURG

State

FL

Zip Code

33701

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

X T. McNeil MD

Date

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
Pres	TOM-McNEIL	700 CENTRAL AVE SUITE 700	ST. PETERSBURG, FL 33701

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:

X T. McNeil MD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/1/03

Date

7278451300

Daytime Phone #

CR2E081 (10/02)