

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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FILED

2006 OCT 20 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P 04000135768

1. Corporation Name

Gulfcoast Spinal Center, Inc

2. Principal Office Address

8515 Old CR 54

Suite, Apt. #, etc.

3. Mailing Office Address

8515 Old CR 54

Suite, Apt. #, etc.

City & State

New Port Richey, FL

City & State

New Port Richey, FL

Zip

34653

Country

USA

Zip

34653

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

9-29-04

5. FEI Number

30-0275000

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

200081070862
10/20/06--01048--027 **\$150.00
CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name

Michael C. Savignano

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

13414 Sunfish Dr.

Suite, Apt. #, Etc.

City

Hudson

State

FL

Zip Code

34667

200081070862
10/20/06--01048--027 **\$150.00

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

[Signature]

Date

9-28-06

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
P/D	Michael Savignano	13414 Sunfish Dr.	Hudson, FL 34667

B. 10/27/06

REINSTATEMENT DS-UP

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 contained in Chapter 119, 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

9-28-06

Date

727-816-9614

Daytime Phone #



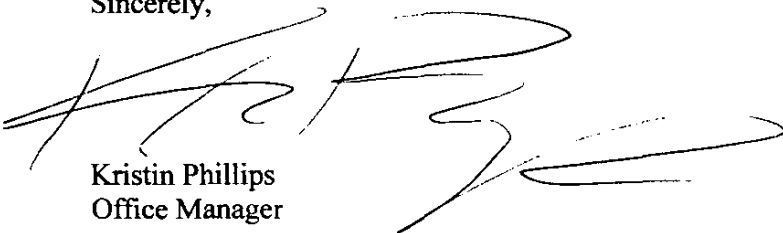
Gulfcoast Spinal Center

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8515 Old CR 54
New Port Richey, FL 34653

To Whom It May Concern:

I am enclosing 2 checks in the amount of \$150.00 each. One is for 2005, the other for 2006. I never received a notice for renewal. If you have any questions please call me at 727-816-9616. Thank you.

Sincerely,


Kristin Phillips
Office Manager