

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morthagen  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

96 NOV 22 AM 8:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000075084**

1. Corporation Name

**WEST COAST SPINE CENTER - SARASOTA, P.A.**

Principal Place of Business

Mailing Address

~~2000 WEBBER ST.~~  
SARASOTA FL 34239

~~2000 WEBBER ST.~~  
SARASOTA FL 34239

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

10/12/1994

Suite, Apt. #, etc.

2130 S. Tamiami Trail

Suite, Apt. #, etc.

Same

City & State

Sarasota, FL

City & State

Zip

34239

Country

Sarasota

Zip

Country

5. FEI Number

05-0523058

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

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 (Do NOT Use Post Office Box Numbers)	City / State / Zip
DP	BARCOMB, CRAIG	2000 WEBBER ST. 2130 S. TAMIAMII TRAIL	SARASOTA FL 34239

300002014689--1  
-11/26/96--01111--015  
\*\*\*\*375.00 \*\*\*\*375.00

REINSTATEMENT

1996  
11-22-96

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Dr. Craig L. Barcomb  
2130 S. Tamiami Trail  
Sarasota, FL 34239

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

*Craig L. Barcomb*  
**SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN:

Date 10/28/96

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 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)(f), 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:

*Craig L. Barcomb*  
**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/28/96 (941)362-2000  
Date Daytime Phone #