

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P94000078430**

1. Corporation Name

BAY AREA ORTHOPEDIC NETWORK, INC.

Principal Place of Business

13615 BRUCE B DOWNS BLVD
STE 111
TAMPA FL 33613
US

Mailing Address

13615 BRUCE B DOWNS BLVD
STE 111
TAMPA FL 33613
US

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

FILED

97 NOV 17 PM 1:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

97

4. Date Incorporated or Qualified
To Do Business In Florida

10/25/1994

5. FEI Number

59-3290710

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	COHEN, LAWRENCE MD	4800 N HABANA SUITE 35	TAMPA FL
PD Med. Director	HOMAN, EDWARD MD	13801 BRUCE B DOWNS BLVD SUITE	TAMPA FL
CTD	HOBBY, ROYCE	615 11TH ST N	ST PETERSBURG FL
D	BELSOLE, ROBERT M	4 COLUMBIA DR, STE 840	TAMPA FL
D	HIGGINS, NORMAN M	5319 GRAND BLVD.	NEW PORT RICHEY FL
D	STEINMAN, HARRY M	1528 LAKE VIEW RD.	CLEARWATER FL

8. Name and Address of Current Registered Agent

~~ABERNATHY, J MARK~~
~~2323 CURLEW RD~~
~~SUITE 7E~~
~~PALM HARBOR FL 34683~~

9. Name and Address of New Registered Agent

Name
EDWARD S. HOMAN, M.D.
Street Address (P.O. Box Number is Not Acceptable)
13801 BRUCE B. DOWNS BLVD # 404
Suite, Apt. #, Etc.
404
City
TAMPA
State
FL
Zip Code
33613

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

Edward S. Homan

REGISTERED AGENT MUST SIGN

Date

11/7/97

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

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-11/19/97-01082-013

*** 75.00 (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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Edward S. Homan

Date

Daytime Phone #

11/7/97 813-977-2232

CR2E040 (8/97)