

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Page 1 of 2

APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P96000043943

1. Corporation Name

MARK H. WERNER, M.D., P.A.

Principal Place of Business

720 SW 2ND AVE.
SUITE 254
GAINESVILLE FL 32601

Mailing Address

720 SW 2ND AVE.
SUITE 254
GAINESVILLE FL 32601

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

4. Date Incorporated or Qualified
To Do Business in Florida

05/15/1996

5. FEI Number

59-3377783

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	WERNER, MARK H M.D.	720 SW 2ND AVE., STE 254	GAINESVILLE FL 32601

8. Name and Address of Current Registered Agent

DOWNEY, KEVIN I
2631 N.W. 41ST STREET
SUITE B-2
GAINESVILLE FL 32606

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/23/02

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:

[Signature]
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-24-02 377-1940

(352)

CR2E040 (8/02)

Mark Werner

MARK H. WERNER M.D
NEUROLOGY

720 SW 2ND AVENUE

NORTH TOWER / SUITE 254

GAINESVILLE, FLORIDA 32601

PHONE (352) 377-1940 , FAX (352) 377-2278

October 24, 2002

To Whom It May Concern:

I am writing to inform you that I never received my initial notification regarding my Uniform Business Report.

Please waive the reinstatement fee as I never received the prior forms for this being due.

Enclosed is a check for the amount of \$150.00.

Thank you,

Mark H. Werner

Mark H. Werner, M.D.