

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P97000043495

1. Corporation Name

BRIDGEWATER OB-GYN, P.A.

Principal Place of Business

Mailing Address

1461 KINGSLEY AVE
SUITE 1 & 2
ORANGE PARK FL 32073

1461 KINGSLEY AVE
SUITE 1 & 2
ORANGE PARK FL 32073

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

2300 PARK AVENUE

2300 PARK AVENUE

Suite, Apt. #, etc.
Suite #205

Suite, Apt. #, etc.
Suite #205

City & State
Orange Park, FL

City & State
Orange Park, FL

Zip 32073 Country USA

Zip 32073 Country USA

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JAN 22 AM 8:00

REINSTATEMENT 03-04



100027376401

01/22/04--01007--008 **900.00

MRS

4. Date Incorporated or Qualified
To Do Business in Florida

05/08/1997

5. FEI Number

59-3448688

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	4 City / State / Zip
D	BRIDGEWATER, RICHARD L	1461 KINGSLEY AVE 2300 PARK AVENUE	ORANGE PARK FL 32073

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BRIDGEWATER, RICHARD L
1461 KINGSLEY AVE
SUITE 1 & 2
ORANGE PARK FL 32073

Name

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

2300 PARK AVE

Suite, Apt. #, Etc.

City

Orange Park

State

FL

Zip Code

32073

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

Richard Bridgewater
REGISTERED AGENT MUST SIGN

Date

01/14/2003

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:

Richard Bridgewater
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
RICHARD BRIDGEWATER, M.D.

Date

01/14/2004 (904) 264 5151

Daytime Phone #

CR2E040 (7/03)