

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 OCT 15 AM 8:00

DOCUMENT # **P97000061575**

1. Corporation Name

**GULF COAST NEUROLOGY, P.A.**

Principal Place of Business

2202 STATE AVE., STE. 201  
PANAMA CITY FL 32405

Mailing Address

2202 STATE AVE., STE. 201  
PANAMA CITY FL 32405

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

07/14/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3463945

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
DPST	ELZAWAHRY, KAMEL	2202 STATE AVE., STE. 201	PANAMA CITY FL 32405
DPST	ELZAWAHRY, JOAN	2202 STATE AVE., STE. 201	PANAMA CITY, FL 32405

8. Name and Address of Current Registered Agent

HARE, DIANE C  
3003 S. HWY 77 SUITE A  
LYNN HAVEN FL 32444

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

*Diane C. Hare*  
REGISTERED AGENT MUST SIGN

Date **10-13-2003**

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:

*Elzawahry*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR20040 (7/03)