

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 DEC 21 PM 3:41

DOCUMENT # P98000074315

1. Corporation Name

ATWOOD AND MCGRATH NEUROSPINAL CLINIC, INC.

Principal Place of Business

Mailing Address

12951 METRO-PKWAY
STE 5
FT. MYERS FL 33912

12951 METRO-PKWAY
STE 5
FT. MYERS FL 33912



REINSTATEMENT 00

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

08/24/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

5. FEI Number

65-0857918

Applied For

Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	ATWOOD, MICHAEL S	8713 WINKLER EXT.- APT 1525	FT. MYERS FL 33916
D	MCGRATH, JOHN W	13575 EAGLE RIDGE DR- #1214	FT MYERS FL 33912

200003514662--8
-12/27/00--01071--015
****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HAWTHORNE, ROBERT A
5006 POETRY CT
NORTH FORT MYERS FL 33903

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

Cape Coral

FL

33904

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 *Robert A Hawthorne*
REGISTERED AGENT MUST SIGN

Date Dec 18, 00

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:

Michael S Atwood
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #