

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FOR
1999 A.R.



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

99 DEC 27 PM 1:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000076339

1. Corporation Name

South Broward Neurologic Associates

Principal Place of Business

Mailing Address

5901 Hollywood Blvd.
Hollywood, FL 33021

[Signature]

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

5901 Hollywood Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Hollywood, FL

Zip

Country

Zip

Country

33021

Dade

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0862147

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
President	David A. Robbins	5901 Hollywood Blvd.	Hollywood, FL 33021
			600003103456--8 -01/19/00--01100--002 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

David A. Robbins
5901 Hollywood Blvd
Hollywood, FL 33021

9. Name and Address of New Registered Agent

Name

N/A

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.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

N/A

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information
on 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

11/5/99

Date

954 520-6671

Daytime Phone #

CR2031 (1/2/98)