Principal Place of Business 200 NORTH NULTARY TRAIL STE 175 BCA RATION FL 3251 200 NORTH NULTARY TRAIL STE 175 BCA RATION FL 3251 200 NORTH NULTARY TRAIL STE 175 BCA RATION FL 3251 200 NORTH NULTARY TRAIL STE 175 200 NORTH NUTHARY TRAIL STE 175 200 NORTH	PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.								
O 3 OCT 17 AM H1: 14     SECTION ADDRESS     O 3 OCT 17 AM H1: 14     SECTION ADDRESS     O 3 OCT 17 AM H1: 14     SECTION ADDRES     O 3 OCT 17 AM H1: 14     SECTION ADDRES     O 3 OCT 17 AM H1: 14     SECTION ADDRESS     O 3 OCT 17 AM H1: 14     OCT 19     O 3 OCT 17	FOR Glenda E. Hood Secretary of State					FILED			
1. Corporation Name COMPREHENSIVE NEUROLOGIC SPECIALISTS, P.A. Principal Place of Stanses Malling Address 200 NORTH MUTANT TRAIL STE 175 BOCA RATON FL 33451  1. Address of Indexe of Stanses Address of Indexe of Stanses Colored to Pactor Place Address of County  7. Name and Address of Carrent Registered Agent  8. Name and Address of Current Registered Agent  8. Name and Address of Current Registered Agent  1. Long proposition from Address of Current Registered Agent  1. Long proposition from Address of Current Registered Agent  1. Long proposition from Address of Current Registered Agent  1. Long proposition from Address of Current Registered Agent  1. Long proposition from Address of Current Registered Agent  1. Long proposition from Address of Current Registered Agent  1. Long proposition from Address of Current Registered Agent  1. Long proposition from Address of Current Registered Agent  1. Long proposition from Address of Current Registered Agent  1. Long proposition from Address of Current Registered Agent  1. Long proposition from Address of Current Registered Agent  1. Long proposition from Address of Current Registered Agent  1. Long proposition from Address of Current Registered Agent  1. Long proposition from Address of Current Registered Agent  1. Long proposition from Address of Current Registered Agent  1. Long proposition from Address of Current Registered Agent  1. Long proposition from Address of Current Registered Agent  1. Long pr						03 OCT 17 AM 11: 14			
COUNTRELETENSIVE NEUROLOGIES SPECIALDIS, P.A.  Principal Place of Buines  Solo ARTINE 12 17  Solo ARTINE 12							SECRETARY OF STATE		
2800 NORTH MILITARY TRAIL STE 173       200 NORTH MILITARY TRAIL STE 175         BOCA RATON F, 3581       200 NORTH MILITARY TRAIL STE 175         BOCA RATON F, 3581       3 Norm Maing Office Address, IT Applicable         2. Norm Findage Drive Addresses are incorrect in any way, line through incorrect information and enter correction balow.       4. Date incorporated or Quarteria         2. Norm Findage Drive Addresses are incorrect in any way, line through incorrect information and enter correction balow.       9. Fill Number         2. Norm Findage Drive Addresses of Each Officer and/or Director (Ports incorrect information correction government).       9. Fill Number         200 Addresses of Each Officer and/or Director       3 Officer and/or Directors         7. Name and Addresses of Each Officer and/or Director       3 Officer and/or Directors         3 Officer and/or Directors       3 Officer and/or Directors         1 Mane of Officers       3 Officer and/or Directors         3 Officer and/or Director       3 Officer and/or Directors         1 Mane of Officers       3 Officer and/or Directors         3 Officer and/or Director       3 Officer and/or Directors         3 Officer and/or Director       4 Cory / State / Zip         3 Officer and/or Director       3 Officer and/or Director         4 Direct Address of Low Poly       3 Officer and/or Director         3 Officer and/or Director       3 Officer and/or Director<	COMPREHENSIVE NEUROLOGIC SPECIALISTS, P.A.						AMASSER. FLORIDA		
Tabove androsses are incorrectin in any way, line librough incorrect information and rater correction below.     E. New Principal Office Address, if Applicable     See Intropication     See Int	Principal Place of Business Mailing Address								
2. New Principal Office Address, If Applicable 3. New Melling Office Address, If Applicable 4. Data Proprietation 02/19/1999 5. FEI Number 5. FEI Number 02/19/1999 5. FEI Number 02/19/1999 5. FEI Number 02/19/1999 5. FEI Number 02/19/1999 5. FEI Number 5. FEI Number 02/19/199 5. FEI Number 5. FEI Number 02/19/199 5. FEI Number 5. FEI Number 5. FEI Number 02/19/199 5. FEI Number 5. FEI									
Suite, Apt. #, etc.  Suite, Ap						f The De De Annual Statistics (			
Chy & State Country Zip Country Zip Country Zip Country Zip Country Co	Suite, Apt.	#, etc.	Suite, Apt. #,	Suite, Apt. #, etc.			U	<u> </u>	
Zip       Country       Zip       Country       Centry	City & Stat	e	City & State	City & State					
Title(e)       2       Name of Officers       3       Street Address of Each       4       City / State / Zp         D       KAPLAN, EDWARD H       2900 NORTH MILITARY TRAIL STE.       BOCA RATON FL 33431       DDDDD2386951DD         0       10/17/13-01019-003       ##150.00       10/17/13-01019-003       ##150.00         0       Name and Address of Current Registered Agent       9. Name and Address of New Registered Agent       Name         0       Name and Address of Current Registered Agent       9. Name and Address of New Registered Agent       Name         0       Name and Address of Current Registered Agent       9. Name and Address of New Registered Agent       Name         10. Name and Address of Current Registered Agent       9. Name and Address of New Registered Agent       Name         2000 NORTH MILITARY TRAIL STE. 175       Street Address (P.O. Box Number is Not Acceptable)       Suite         BOCA RATON FL 33431       Suite       Zip Code       FL         10. 1. being appointed the registered agent of the above nerver corporation, am familiar with and accept the obligatings of Section 507 0505, F.S. of 617.0505, F.S.       Street Address (P.O. Box Number is Not Acceptable)         Signature of Registered Agent       Date       ID -8 -0 3       Edition 10 -70.001 or 617.001, F.S.         10. 1. being appointed the registered agent of the above nerver trustee ampowered to execute his appl	Zip	Country	Zip	Zip Country		S6.75 Additional ree required			
Interestors       3       Officer and/or Director       4       City / State / 2/p         D       KAPLAN, EDWARD H       2900 NORTH MILITARY TRAIL STE.       BOCA RATON FL 33431         Image: State of the sta	7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list a					i			
In 1 certify that I am an officer or director the receiver or the receive	Title(s)	and/or Directors Officer and/or Dir				City / State / Zip			
	D	KAPLAN, EDWARD H 2900 NORTH MILITARY TRAIL				E.	BOCA RATON FL 3343	1	
KAPLAN, EDWARD H         2900 NORTH MILITARY TRAIL STE. 175         BOCA RATON FL 33431         Suite, Apt. #, Etc.         City         10. 1, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 807.0505, F.S. or 617.0505, F.S.         Signature of Registered Agent         NecrISTERED AGENT MUST SIGN         11. I certify that I am an officer or director or the receiver or trustee ampowered to execute this application as provided for in chapter 607.0 617, F.S. I further certify that when filling this reinstatement application, the reason for dissolution has been minimated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all tees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 607.0401 or 617.0401, F.S. The information indicated on this application is true and accurate, and my signature stell have the same legal effect as if made under oath.								5110 ***150.00	
DOCA INTO IN FL 3331       City       State       Zip Code         City       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         Signature of Registered Agent       Date       10.*8-03         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 607.0401, F.S. I further certify that when filling this reinstatement application, the reason for dissolution has been priminated, 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.		8. Name and Address of Current	Registered Age		Name	9. Name and			
DOCA INTO IN FL 3331       City       State       Zip Code         City       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         Signature of Registered Agent       Date       10.*8-03         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 607.0401, F.S. I further certify that when filling this reinstatement application, the reason for dissolution has been priminated, 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.	KAPLAN, EDWARD H								
10. 1, being appointed the registered agent of the above names corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.  Signature of Registered Agent									
<ul> <li>10. I, being appointed the registered agent of the above names corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.</li> <li>Signature of Registered Agent</li></ul>	City								
Registered Agent       Date       10 * 0 * 0 * 3         I1. 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 of 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been minimated, 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.	10. I, being	g appointed the registered agent of the ab	ove named corpo	pration, am familiar	with and accept the ot	oligations of Section	=		
SIGNATURE: In-8-03	Registered 11. I certify this reir owed b	y that I am an officer or director or the recenstatement application, the reason for diss y the corporation have been paid and the	iver or trustee en olution has been names of indiat	npowered to execut stiminated, the corp uals listed on this fo	porate name satisfies form do not qualify for a	the requirements an exemption unc	pter 607 of 617, F.S. I furthe of section 607.0401 or 617.0	r certify that when filling 401, F.S., that all fees	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #	SIGNA		L	$\angle$			10-8-03		

COMPREHENSIVE NEUROLOGIC SPECIALISTS

## EDWARD H: KAPLAN, M.D.

Board Certified by the American Board of Psychiatry and Neurology

October 8, 2003

Mr. Tyrone Scott Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Dear Mr. Scott:

Today, in the mail, we received a form concerning the dissolution of my corporation, Comprehensive Neurologic Specialists. We never received any information concerning having this renewed as per your discussion with my nurse, Sherry Cogan.

Enclosed is a check for \$150.00. I hope this will satisfy any needs of the Division of Corporations to see that my corporation is reinstated.

Thank you for your *consideration* in this matter.

Sincerely, Edwar aplan, MD

EHK/AMT-dm Enclosure

行いたみない 化ムデボット したい ほれい 認知な難ないか

2900 North Military Trail. Suite 175 • Boca Raton, Florida 33431 (561) 241-7255 • FAX (561) 241-0495 • E-mail www.aol.neurologydr