

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 NOV -1 PM 1:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000053689

1. Corporation Name

DELRAY BACK AND NECK CENTER, INC.

Principal Place of Business

Mailing Address

265 NORTHEAST 2ND AVENUE  
DELRAY BEACH FL 33444

265 NE 2ND AVE  
DELRAY BEACH FL 33444

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

06/14/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0927157

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
PSTD	BADER, STEVEN	265 NORTHEAST 2ND AVENUE	DELRAY BEACH FL 33444

200004695262--6  
-11/27/01--01053--012  
\*\*\*158.00 \*\*\*158.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

Name  
STEVEN BADER

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

265 NE 2ND AVE

Suite, Apt. #, Etc.

City  
DELRAY BEACH

State  
FL

Zip Code  
33444

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

Date 10/26/01

REGISTERED AGENT MUST SIGN

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/26/01

Date

561-276-5060

Daytime Phone #

2 of 2

**DELRAY BACK AND NECK CENTER**

265 NE 2<sup>nd</sup> Avenue  
Delray Beach, FL 33444  
Tel (561) 276-5060  
Fax (561) 276-5066

**Dr. Steven A. Bader**  
*Clinic Director*

October 29, 2001

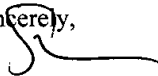
FLORIDA DEPARTMENT OF STATE  
Division of Corporations

To Whom It May Concern,

I am writing this letter as per the conversation I had with one of your representatives on last Friday, the 26<sup>th</sup> of October. As stated in that conversation, I never received any paperwork to send in my fee for my corporation. In addition, there are 2 other businesses that operate out of the same address, Florida Medical Associates and Delray Beach Physicians Associates, both of which did not receive their paperwork either. Subsequently, all 3 of the business received an application for reinstatement in error. Enclosed you will find the due corporate fee for Delray Back and Neck Center.

Thank you for your assistance in this matter. If I can be of any further assistance, please do not hesitate to contact me at the phone number listed above.

Sincerely,



Steven A. Bader, D.C.  
**Delray Back and Neck Center**