

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT

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

DOCUMENT # P99000085813

1. Corporation Name

BEACHES UROLOGY, P.A.

Principal Place of Business

Mailing Address

1370 13TH AVENUE

3791 CRICKETT COVE REAL

JACKSONVILLE BEACH FL 32250

JACKSONVILLE FL 32224

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

09/28/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5. FEI Number

59-3645326

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$2.75 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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	WILLIAMS, JOHN C M.D.	2424 FALLEN TREE DRIVE	JACKSONVILLE FL 32246
		3791 Cricket Cove Rd E	Jacksonville, FL 32224
			200004691082--2
			-11/21/01--01055--010
			****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DRAUGHON, RICHARD S

200 WEST FORSYTH STREET

SUITE 1730

JACKSONVILLE FL 32202

Name

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

ONE INDEPENDENT DRIVE

Suite, Apt. #, Etc.

SUITE 2000

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

Date 10/16/01

11. I certify that I am an officer or director of 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

Date

Daytime Phone #

FILED

01 OCT 31 PM 2:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT

2001

CR2E040 (8/01)