

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

98 JUN 16 AM 9:15

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT #

579783

1. Corporation Name

Carroll A. English, MD P.A.

Principal Place of Business

Mailing Address

1181 Health Park Blvd Suite 2220
 Naples, FL. 34110

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

Oct '91

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0291332

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)

800002566219--9

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
Pres	Carroll A. English, MD PA	1181 Health Park Blvd Suite 2220	Naples, FL 34110
V Pres	Carroll A. English, MD PA	1181 Health Park Blvd Suite 2220	Naples, FL 34110
Sec	Carroll A. English, MD PA	1181 Health Park Blvd Suite 2220	Naples, FL 34110
Treas	Carroll A. English, MD PA	1181 Health Park Blvd Suite 2220	Naples, FL 34110

-06/19/98--01105--012
 ***1200.00 ***1200.00

6/18

REINSTATEMENT 95-98 T.S.

8. Name and Address of Current Registered Agent

KIMBERLY LEACH JOHNSON
 4501 TAMiami TRAIL NO #300
 NAPLES, FL. 34103

9. Name and Address of New Registered Agent

Name: NAPLES LAWDOK INC
 Street Address (P.O. Box Number is Not Acceptable): 4501 TAMiami TRAIL NORTH
 Suite, Apt. #, Etc.: SUITE 300
 City: NAPLES State: FL Zip Code: 34103

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

11. This corporation owes or has paid 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

June 5, 1998

Date

941-591-1111

Daytime Phone #

CR2040 (1/98)