

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *P93000072745*

1. Corporation Name
Florida Physicians Network Prime Care, Inc.

2. Principal Office Address <i>407 Lincoln Rd</i>		3. Mailing Office Address <i>407 Lincoln Rd</i>	
Suite, Apt. #, etc. <i>PH-SE</i>		Suite, Apt. #, etc. <i>PH-SE</i>	
City & State <i>Miami Beach FL</i>		City & State <i>Miami Beach FL</i>	
Zip <i>33139</i>	Country <i>USA</i>	Zip <i>33139</i>	Country <i>USA</i>

REINSTATEMENT *02-04*
MRD

4. Date Incorporated or Qualified To Do Business in Florida <i>10/20/93</i>	Applied For Not Applicable
5. FEI Number <i>650445499</i>	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name <i>The Law Offices of Craig M. Dorne, PA</i>		
Street Address (P.O. Box Number is Not Acceptable) <i>407 Lincoln Road</i>		
Suite, Apt. #, Etc. <i>PH-SE</i>		<i>600039738766</i>
City <i>Miami Beach</i>		<i>07/30/04--01067--001 **1050 00</i>
State FL	Zip Code <i>33139</i>	

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent *[Signature]* *for The Law Offices of Craig M. Dorne* Date *7/1/04*
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<i>D</i>	<i>Alan Dorne</i>	<i>407 Lincoln Rd PH-SE</i>	<i>Miami Beach FL 33139</i>

10. 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: *Alan Dorne* Date *7/1/04* Daytime Phone # *305-534-4757*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFR2E081 (01/04)