

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P94000079440

1. Corporation Name

HEALTHCARE AMERICA MEDICAL GROUP, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 17 PM 4:19

Principal Place of Business

Mailing Address

3501 CORTEZ ROAD
BRADENTON FL 34210
US

3501 CORTEZ ROAD
BRADENTON FL 34210
US

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/28/1994

5. FEI Number

65-0527738

Applied For

Not Applicable

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
VC	AGOSTA, JOSE MD Delete	4015 US HWY 901 N	ELLINGTON FL 34222
T	AMUNDSON, MARTIN M.D.	4705 26TH ST WEST 3501 CORTEZ RD W	BRADENTON FL 34207 34210
VC C	HOFFMAN, CRAIG M.D.	4705 26TH ST WEST 3501 CORTEZ RD W	BRADENTON FL 34207 34210
TS	MARCIALES, WERTHER MD	7430 CORTEZ ROAD W 3501 CORTEZ RD W	BRADENTON FL 34210
D	KOSER, ROBERT MD Delete	2227 59TH ST W	BRADENTON FL 34209
P	John MUCASEY MD (President / CEO)	3501 CORTEZ RD W	BRADENTON FL 34210

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GREENE, ROBERT F
1301 6TH AVE WEST
SUITE 505
BRADENTON FL 34205

Name
John MUCASEY M.D.
Street Address (P.O. Box Number is Not Acceptable)
3501 CORTEZ RD W
Suite, Apt. #, Etc.

City
BRADENTON

State

FL

Zip Code

34210

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 10/13/00

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

700003440647--3

-10/26/00--01069--006

****750.00 ****750.00

10/13/00 (941) 752-2700

Date

Daytime Phone #