

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # 757774

1. Corporation Name
FLORIDA COUNCIL OF PRIMARY CARE CENTERS, INCORPORATED

Principal Place of Business Mailing Address (Same)

1203 Governors Square Blvd.
Ste. 302
Tallahassee, FL. 32301

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 04/28/1981	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-2559163	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
CD	DENNIS CAHILL	2472 S. PARK AVE.	SANFORD, FL. 32771
VD	RICHARD AKIN	1454 MADISON AVE.	IMMOKALEE, FL. 33934
SD	TERRENCE SHIRLEY	1702 E. 17th. AVE.	TAMPA, FL. 33675
TD	MARK WILLIAMS	218 S. LAKE AVE.	APOPKA, FL. 32704
P	GREGORY J. GLASS	1203 GOVERNORS SQ. BLVD. STE. 302	TALLAHASSEE, FL. 32301

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name
Gregory J. Glass
Street Address (P.O. Box Number is Not Acceptable)
1203 Governors Sq. Blvd. Ste 302
Suite, Apt. #, Etc.
City
Tallahassee
State
FL
Zip Code
32301

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
Gregory J. Glass
REGISTERED AGENT MUST SIGN

Date 05/09/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

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: Gregory J. Glass
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/09/97 904/942-1822
Date Daytime Phone #

FILED
97 MAY 21 PM 4:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 96-97

CR2E040 (12/96)