

APPLICATION FOR
REINSTATEMENT
OR
LIMITED PARTNERSHIP



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

A 97000000324

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 FEB 22 AM 10: 25

DOCUMENT # A97000000324

1. Name of Limited Partnership
PROVIDENCE OF CENTRAL FLORIDA, LTD.

99-AR/Kus
~~GRACE~~ CM
Ⓞ

DO NOT WRITE IN THIS SPACE

2. Mailing Address
400 W. Morse Blvd.

Suite, Apt. #, etc.
Suite 101

City & State
Winter Park, FL

Zip Country
32789 USA

3. Principal Office Address
400 W. Morse Blvd.

Suite, Apt. #, etc.
Suite 101

City & State
Winter Park, FL

Zip Country
32789 USA

4. Date Form is for Registered To Do Business in Florida
February 5, 1997

5. FIDF Number
59-3430696

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. State or Country of Formation
FLORIDA

8a. Capital Contributions as Shown on Record
\$50.00

8b. Amount of Capital Contributions in FLORIDA to date
\$1,400.00

FEES: 1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 8b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office.
2.) Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year.
3.) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent.
Note: If the amount entered in 8b is greater than amount entered in 8a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

9. Name and Address of Current Registered Agent

Faisal A. Fakh, M.D.
400 W. Morse Blvd., Suite 220
Winter Park, FL 32789

10. If changed, new registered agent's office

Name: Thomas P. Moran, Esq.
Street Address (P.O. Box Number is Not Acceptable): 111 N. Orange Avenue
Suite, Apt. #, etc.: Suite 1200
City: Orlando, FL Zip Code: 32801

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). Thereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

Thomas P. Moran
SIGNATURE (Registered Agent Accepting Appointment)

DATE 2-19-99

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	11a. Registration Document Number
PCF of Central Florida, Inc.	400 W. Morse Blvd.	Winter Park, FL 32789	P97000011180
			5000002797845--6 -03/08/99--01111--001 ***1282.50 ***1282.50
			REINSTATEMENT 98-99 CM

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from a liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this report is true and accurate, and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee of the partnership, as required by Chapter 620, Florida Statutes.

SIGNATURE

Faisal A. Fakh

DATE 2-19-99

Typed or Printed Name of General Partner Signing Form: FAISAL A. FAKIH

Telephone Number: 407-740-5447

CRREC09 (12/98)