

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

F44491

1. Corporation Name

Ineson Park Primary + Family
Care Center, Inc.

2. Principal Office Address

1718 N. EDGEWOOD AV.

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

JAX, FL

City & State

Zip

Country

Zip

Country

32254

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

9/14/81

5. FEI Number

592125498

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JOHN F. GARCIA

Street Address (P.O. Box Number is Not Acceptable)

1718 N. EDGEWOOD AV

Suite, Apt. #, Etc.

900004742759-7

-12/28/01--01054--015

****300.00 ****310.00

City

JAX

State

FL

Zip Code

32254

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]

REGISTERED AGENT MUST SIGN

Date

10/11/01

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
ST	CARMEN GARCIA	1718 N. EDGEWOOD AV.	JAX, FL 32254

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/11/01

Daytime Phone #

(904) 781-6203

CR25001 (8/00)

Florida Department of State
Division of Corporations
POB 6327 Tallahassee, Fl 32314

November 19, 2001

Dear Ms. Williams:

Thank you for your letter or October 24, 2001.

We never received the uniform business report for

Imeson Park Primary & Family Care Center

Located at 1718 North Edgewood, 32254

for the year 2000.

Please consider waiving the late charges in this matter.

We have moved from 1951 Pearl St, Jacksonville, Fla 32206 to our
new address and seems that some of the mail have been lost.

Thank you for your assistance.

Juan F. Garcia MD

1718 North Edgewood Ave

Jacksonville, Fl 32254

