

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

99 AR
REINSTATEMENT
ANNUAL REPORT REGISTRATION

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

APPROVED AND FILED
 97 OCT 29 PM 2:22
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **F67309**

1. Corporation Name

THE FAMILY PRACTICE CENTER, INC.

Principal Place of Business

Mailing Address

**4645 GUN CLUB RD
 WEST PALM BCH FL 33415**

**4645 GUN CLUB RD
 WEST PALM BCH FL 33415**

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

02/15/1982

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2199053

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	PHILLIPS, JAMES B. M.D.	421 W LAKE DASHA DR.	PLANTATION, FL 00000
VT	LEVINE, NATHANIEL W	321 JARCARANDA DR.	PLANTATION FL

100002333211-6
-10/29/97--01116--024
******165.00 ****165.00**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**LARDIN, THOMAS
 BANK ATLANTIC BLDG., SUITE 100
 1901 W. CYPRESS CREEK
 FT. LAUDERDALE FL 33309**

Name

Street Address (P.O. Box Number Not Accepted)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Date

REGISTERED AGENT MUST SIGN

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

(See other side for information on intangible tax.)

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/96)



The Family Practice Center

4645 Gun Club Road
West Palm Beach, Florida 33415
(407) 471-1333

October 23, 1997

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314
Att: Sean; Reinstatements

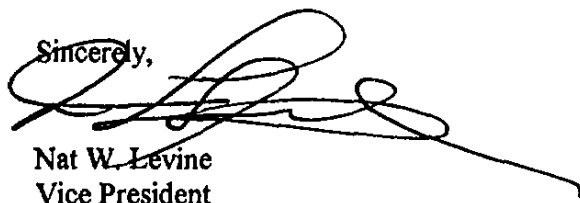
Dear Sean,

Pursuant to our telephone conversation yesterday, please find enclosed my two checks numbered 18450 and 18451 in the amount of \$165.00 each for registration of our two corporations F67309 (tin 59-2199053) and F82702 (tin 59-2214172).

As you directed, I crossed out "reinstatement" and substituted "registration". Our companies did not receive the renewal applications last year which resulted in our not filing on a timely basis. I did not have our attorney sign as registered agent, since his signature is not required every year on the annual report.

Thank you for your help in this matter. If you have any questions or concerns, please do not hesitate to upon me.

Sincerely,



Nat W. Levine
Vice President

NWL:mf
Enclosure