

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 # F82702

1. Corporation Name

FAMCARE MANAGEMENT, INC.

Principal Place of Business

Mailing Address

C/O FAMILY PRACTICE CENTER
4645 GUN CLUB ROAD
W. PALM BEACH FL 33415

C/O FAMILY PRACTICE CENTER
4645 GUN CLUB ROAD
W. PALM BEACH 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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business In Florida

05/25/1982

5. FEI Number

59-2214172

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)

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
PD	PHILLIPS, J. B., MD	421 W. LAKE DASHA DR.	PLANTATION FL
VD	LEVINE, N. W.	321 JACARANDA DR.	PLANTATION FL
			000002333210--9 -10/29/97--01116--023 ****165.00 ****165.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LARDIN, THOMAS
BANK ATLANTIC BUILDING SUITE #100
1901 W CYPRESS CREEK RD.
FT. LAUDERDALE FL 33309

Name

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

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 #

CP2E040 (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

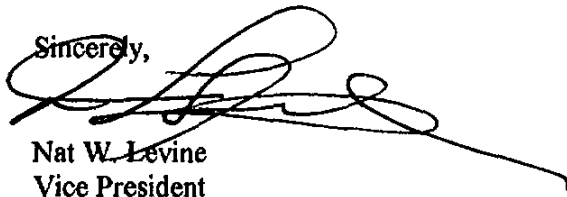
Dear Sean,

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