

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 JAN -3 PM 5:47

DOCUMENT # F93000004396

1. Corporation Name

RAMSAY MANAGED CARE, INC.

Principal Place of Business

ONE ALHAMBRA PLAZA  
SUITE 750  
CORAL GABLES FL 33134  
US

Mailing Address

ONE ALHAMBRA PLAZA  
SUITE 750  
CORAL GABLES FL 33134  
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

09/27/1993

5. FEI Number

72-1249464

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for 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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	CIBRAN, BERT G	ONE ALHAMBRA PLAZA, SUITE 750	CORAL GABLES FL
VD	CABRERA, MARCIO	ONE ALHAMBRA PLAZA, STE 750	CORAL GABLES FL 33134
VD	RICO, JORGE	ONE ALHAMBRA PLAZA, SUITE 750	CORAL GABLES FL 33134

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
PLANTATION FL 33324

9. Name and Address of New Registered Agent

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

*Barbara A. Burke*  
BARBARA A. BURKE  
SPECIAL ASSISTANT SECRETARY  
REGISTERED AGENT MUST SIGN

Date

12/31/01

11. 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 607.401 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:

*Marcio C. Cabrera*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/9/01 305-529-6993