

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 # **F96000001567**

1. Corporation Name

UNITED HEALTH PARTNERS, INC.

Principal Place of Business

2600 S.W. THIRD AVENUE  
2ND FLOOR  
MIAMI FL 33129

Mailing Address

2600 S.W. THIRD AVENUE  
2ND FLOOR  
MIAMI FL 33129

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

03/26/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

--APPLIED FOR--

Applied For

City & State

City & State

65 0653167

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PC P/T/D	<del>ROIG, RUDY</del> KNUDSON, THOMAS	<del>1610 SOUTH BAYSHORE DRIVE</del> P.O. BOX 223, N/A	<del>COCONUT GROVE FL 33133</del> SUN VALLEY, ID 83353
S/D VP	MARKOFKY, ANTHONY	1105 PIN OAK STREET	HOLLYWOOD FL 33109
D	Rector, David	1640 Terrace Way	Walnut Creek, CA 94596

**REINSTATEMENT 7-2-98**

8. Name and Address of Current Registered Agent

Corporation Service Company  
THE PRENTICE HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
700002588637--8  
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

*David B. Rector*

REGISTERED AGENT MUST SIGN

Date

7/2/98

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

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

June 26, 1998

Date

Daytime Phone #

800-472-9891

FILED

98 JUL -2 PM 3:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

