PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT 95-98

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

FILED
98 FEB -4 AM 10:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K21547

1. Corporation Name
POLYCARE MEDICAL CENTER, INC.

W98-1947

| Principal Place of Business | Mailing Address |
|---|---|
| 2700 SW 3 AVE,<br># 2 F<br>Miami, Fl. 33145 | 2700 SW 3 Ave<br># 2 F<br>Miami, Fl. 33145 |

REINSTATEMENT 95-98

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 |
|---|---|
| 9845 SW 16 St | 9845 SW 16 ST |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| Miami, Fl. | Miami, Fl. |
| Zip: 33165 / Country | Zip: 33165 / Country |

4. Date Incorporated or Qualified To Do Business in Florida: 4/21/1988

5. FEI Number: 65- 0045064 ☐ 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)

| 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 |
|---|---|---|---|
| D/P/S | Georgina A. Morales | 9845 SW 16 ST, | Miami , Fl. 33165 |
| | | | 2/4/98 |
| | | | |
| | | | 100002424291---8<br>-02/06/98--01127--012<br>***1208.75 ***1208.75 |
| | | | |
| | | | |

8. Name and Address of Current Registered Agent

Georgina A Morales
2700 S.W. 3 AVE 2 F
Miami, Fl. 33145

9. Name and Address of New Registered Agent

Name: Georgina A. Morales
Street Address (P.O. Box Number is Not Acceptable): 9845 SW 16 St
Suite, Apt. #, Etc.:
City: Miami, State: FL, Zip Code: 33165

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: Georgina A. Morales — Date: 1/22/98
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:** Georgina A. Morales — 1/22/98 (Date) — 226-1167 (Daytime Phone #)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Georgina A Morales, Pres.