

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. *page 1st 2*

APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K65878

1. Corporation Name

CARLOS M. MARILL, M.D. P.A.

Principal Place of Business

% CARLOS M. MARILL
8940 N. KENDALL DR., STE. 406E
MIAMI FL 33176

Mailing Address

% CARLOS M. MARILL
8940 N. KENDALL DR., STE. 406E
MIAMI FL 33176

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

2. New Principal Office Address, If Applicable

✓ 8940 N. KENDALL DR.

Suite, Apt. #, etc.

STE 706E

City & State

MIAMI FLORIDA

Zip

33176

Country

USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/15/1989

5. FEI Number

65-0099335

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	4 City / State / Zip
P	MARILL, CARLOS M	8950 N. KENDALL DR.	MIAMI FL 33176
VP	MARILL, CARIDAD	8950 N. KENDALL DR.	MIAMI FL 33176
			400004719414-3 -12/11/01--01085--001 ****158.75 ****158.75
			400004719414-3 -12/11/01--01085--002 ****150.00 ****150.00
			01432

8. Name and Address of Current Registered Agent

MARILL, CARLOS M.
8950 N. KENDALL DRIVE
SUITE 305
MIAMI FL 33176-2131

← Using Address
ONLY

9. Name and Address of New Registered Agent

Name

MARILL, CARLOS M.

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

8940 N. KENDALL DR #706E

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33176

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

[Signature]

Date

12/5/01

REGISTERED AGENT MUST SIGN

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 607.0401 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

12/5/01

Date

(307) 5986622

Daytime Phone #

CR2E040 (8/00)

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CARLOS M. MARILL, M.D.

Diplomate of the American Board of Family Practice
Baptist Medical Arts Bldg. East Tower
8940 N. Kendall Drive, Suite 706-E
Miami, FL 33176
Telephone: (305) 598-8622

December 4, 2001

Florida Department of State
Katherine Harris
Secretary of State
Division of Corporations

To whom it may concern:

Re: Document #65878 Application for Reinstatement

Enclosed please find the application to reinstate my corporation, Carlos M. Marill, M.D.,
P.A. I am asking to please waive the reinstatement charges, as noted in the enclosed,
the application was not sent to my address.

Please reconsider the charges, I have been taking care of this situation since it has
come to my attention.

Thank you for your attention to this matter.

Sincerely,



Carlos M. Marill, M.D.

CM/Ce

Enclosure