

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


2008 MAR 11 AM 9:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 06-08

CR2E081 (12/07)

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L86298

1. Corporation Name
physicians care, P.A

2. Principal Office Address - No P.O. Box # <u>132 E Madison st</u>		3. Mailing Office Address <u>132 E Madison st</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>starke, FL</u>		City & State <u>starke, FL</u>	
Zip <u>32091</u>	Country <u>U.S.A</u>	Zip <u>32091</u>	Country <u>U.S.A</u>

4. Date incorporated or Qualified To Do Business in Florida 07-05-1990

5. FEI Number 593021926

Applied For	Not Applicable
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6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Charles Dan Sikes

Street Address (P.O. Box Number is Not Acceptable)
817 Mc Mahon street

Suite, Apt. #, Etc.


City
starke

State
FL

Zip Code
32091

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent 

Date 2.26.08

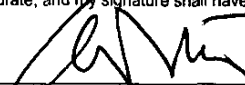
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P.D.T	<u>George Restea, MD</u>	<u>132 E Madison st</u>	<u>starke, FL 32091</u>

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10. 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 contained in Chapter 119, 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 2.26.08 Daytime Phone # 904-964-6500

5/13/08