

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Page 1372

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # n03000003108

1. Corporation Name

Primary Care Medical Services of Poinciana, Inc.

2. Principal Office Address - No P.O. Box #

1875 Boggy Creek Road

3. Mailing Office Address

1875 Boggy Creek Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Kissimmee

City & State

Kissimmee

Zip

34744

Country

USA

Zip

34744

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

April 10, 2003

5. FEI Number

75-3147007

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
Mary Ann Barry

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

Suite, Apt. #, Etc.

City  
Kissimmee

State  
FL

Zip Code  
34759

☒ 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.

\$ 183.75

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

*Mary Ann Barry*  
REGISTERED AGENT MUST SIGN

Date 12/4/07

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
C	Barry, Mary Ann	614 Koala Ct.	Kissimmee FL 34759
VC	Brauer, Bernadette	240 Churchill Ct.	Kissimmee FL 34758
D	Watson, Annim	707 Toltec Pl.	Kissimmee FL 34758
D	Noad, Keith	1902 Island Cir. # 202	Kissimmee FL 34741

900119552199  
03/08/08--01019--013 \*\*183.75

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:

*Mary Ann Barry*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/4/07 427 1571

*Page 2*

D	Azukas, John	219 Largo	Kissimmee FL 34759
D	Lewis, Beryl	353 Ferrera Ct.	Kissimmee FL 34758
D	Smith, Ruth	701 Eagle Pond Dr.	Winter Haven, FL 35884
D	Maldonado, Ivan	306 Chelmsford Ct.	Kissimmee FL 34758
D	Purdy, Jane	112 Sorento Rd	Kissimmee FL 34759
D	Warren, Omar	444 Acacia Tree Way	Kissimmee FL 34759