

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT
2017



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N11000011510

1. Corporation Name

NORTH CENTRAL FLORIDA HEALTH CARE COALITION, INC.

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

1785 NW 80th Blvd.

Suite, Apt. #, etc.

City & State

Gainesville, FL

Zip

32606

Country

USA

3. Mailing Office Address

1785 NW 80th Blvd.

Suite, Apt. #, etc.

City & State

Gainesville, FL

Zip

32606

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

12/13/2011

5. FEI Number

F383861436

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

Harold Theus

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

913 SE 5th St.

Suite, Apt. #, Etc.

City

Gainesville

State

FL

Zip Code

32601

200299126212
05/10/17--01050--024 **236.25

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 5/1/17

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
Chair	Harold Theus (director)	913 SE 5th St.	Gainesville, FL 32601
Vice-Chair	John D. Mann (director)	1801 N. Temple Ave.	Starke, FL 32091
Secretary/Treasurer	Suzanne DeKay (director)	1600 SW Archer Rd.	Gainesville, FL 32608
	(Please see attached sheet)		

10. E-mail Address: ncfhcc.chair@wellflorida.org

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/1/17 904-564-6007

Daytime Phone #

2022

9. Names and Street Addresses of Each Officer and/or Director (continued)

Title	Name	Street Address	City / State / Zip
Director	Jennifer Horner	1100 SE 27th Street	Gainesville, FL 32641
Director	Ebbin Spellman	1281 Newell Drive	Gainesville, FL 32610
Director	Mitch Harrell	1251 NE County Road 343	Bronson, FL 32621
Director	Mary Garcia	2801 Kennedy Street	Palatka, FL 32177