

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

98 NOV 30 AM 10:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000002850

1. Corporation Name

NORTH DADE MEDICAL CLINIC, INC.

Principal Place of Business

Mailing Address

13850 N.W. 26TH AVENUE
MIAMI FL 33054

13850 N.W. 26TH AVENUE
MIAMI FL 33054

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 98

4. Date Incorporated or Qualified To Do Business in Florida

05/28/1996

5. FEI Number

65-0667010

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	CARRINGTON, SELWYN MD	8910 MIRAMAR PARKWAY	MIRAMAR FL 33023
D	WASHINGTON, LINDA Delete	800 N.E. 167TH ST.	N MIAMI BEACH FL 33162
D	DONALD, SHARON	13850 N.W. 26TH AVENUE	MIAMI FL 33054
VP	Bahadur, George MD.	19665 E St. Andrew Dr.	Miami, FL 33015
S	Donald, Rex	2280 NW 105 St	Miami FL 33147

8. Name and Address of Current Registered Agent

DONALD, SHARON
13850 N.W. 26TH AVENUE
MIAMI FL 33054

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
500002703355--9
Suite, Apt. #, Etc. -12/04/98--01067--023
City State Zip Code ***245.00 ***245.00
FL

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 REQUIRED

REGISTERED AGENT MUST SIGN

Date

11/19/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/19/98 687-2325 000

CR2E040 (9/98)