

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 DEC 12 PM 2:45

DOCUMENT # N98000002644

1. Corporation Name

A.C.C.E.S.S. CARE, INC.

2. Principal Office Address

2525 HARBOR BLVD.

3. Mailing Office Address

2525 HARBOR BLVD.

Suite, Apt. #, etc.

SUITE 307

Suite, Apt. #, etc.

SUITE 307

City & State

PORT CHARLOTTE, FL

City & State

PORT CHARLOTTE, FL

Zip

33952

Country

Zip

33952

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

05/05/1998

5. FEI Number

☒ 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

MICHAEL M. WILSON

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

18501 MURDOCK CIRCLE

Suite, Apt. #, Etc.

SUITE 101

City

PORT CHARLOTTE

State
FL

Zip Code

33948

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

REGISTERED AGENT MUST SIGN

Date

9/12/01

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

SEE ATTACHED

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	LUIS G. MARMOL, M.D.	2525 HARBOR BLVD. STE 307	PORT CHARLOTTE, FL 33952
VPD	LENITA HANSON, M.D.	2400 HARBOR BLVD.	PORT CHARLOTTE, FL 33952
SD	ELIZABETH KEITH	2500 HARBOR BLVD.	PORT CHARLOTTE, FL 33952
TD	MARK O. ASPERILLA, M.D.	3300 TAMiami TRAIL #102A	PORT CHARLOTTE, FL 33952
D	ORLANDO DORIA, M.D.	24140 BUCKINGHAM WAY	PORT CHARLOTTE, FL 33952
D	WILLIAM EATON, M.D.	14400-C TAMiami TRAIL	NORTH PORT, FL 34287

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 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

Date

Daytime Phone #

9/12/01 941-235-1901

REINSTATEMENT 99-01

CR25087 (8/00)

Corporate Reinstatement – Continuation Sheet
A.C.C.E.S.S. Care, Inc.
Document Number N98000002644

<u>Titles</u>	<u>Name of Officer/Director</u>	<u>Street Address</u>	<u>City/State/Zip</u>
D	Gloria Gilmer	2500 Harbor Blvd.	Port Charlotte, FL 33952
D	Kevin Graham	2762-A Tamiami Trail	Port Charlotte, FL 33952
D	Eva Lewin	2500 Harbor Blvd.	Port Charlotte, FL 33952
D	Nancy Marmol	2525 Harbor Blvd. Ste 307	Port Charlotte, FL 33952
D	Margaret G. Mayo, M.D.	22091 Elmira Blvd.	Port Charlotte, FL 33952
D	Numa J. Tamayo, M.D.	4054 Beaver Lane, Ste 6	Charlotte Harbor, FL 33980
D	Michael M. Wilson, Esquire	18501 Murdock Cir. Ste 101	Port Charlotte, FL 33948

Requester's Name	
Address	
City/State/Zip	Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- | | | |
|-----------------------------------|---|--|
| <input type="checkbox"/> Walk in | <input type="checkbox"/> Pick up time _____ | <input type="checkbox"/> Certified Copy |
| <input type="checkbox"/> Mail out | <input type="checkbox"/> Will wait | <input type="checkbox"/> Photocopy |
| | | <input type="checkbox"/> Certificate of Status |

NEW FILINGS

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

000004736150--6
-12/24/01--01002--003
****393.75 ****35.00

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED
AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes,
the undersigned corporation organized under the laws of the State of FLORIDA
submits the following statement in order to change its registered office or registered agent, or both, in
the State of Florida.

1. The name of the corporation is: A.C.C.E.S.S. CARE, INC.
2. The mailing address of the corporation is: 2525 HARBOR BLVD. STE 307 PORT CHARLOTTE FL 33952

3. Date of incorporation/qualification: 05/08/98 Document number: N980000002644

4. The name and address of the current registered agent and office:

AMERILAWYER

343 ALMERIA AVENUE

CORAL GABLES, FL 33134

5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)

MICHAEL M. WILSON

18501 MURDOCK CIRCLE SUITE 101

PORT CHARLOTTE, FL 33948

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

Luis G. Marmol
(Signature of an officer, chairman or vice chairman of the board)

9/12/01
(Date)

LUIS G. MARMOL, President
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

Michael M. Wilson
(Signature of Registered Agent)

9/12/01
(Date)

If signing on behalf of an entity:

Michael M. Wilson
(Typed or Printed Name)

(Capacity)

* * * FILING FEE: \$35.00 * * *