

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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300.

CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 FEB 18 PM 2:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P000000017882

1. Corporation Name

PHYSICIAN HOUSE CALLS

2. Principal Office Address

3. Mailing Office Address

3107 W. HALLANDALE BCH. BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 105

City & State

City & State

PEMBROKE PARK

Zip

Country

Zip

Country

33009

FLORIDA

4. Date Incorporated or Qualified  
To Do Business in Florida

2/18/00

5. FEI Number

Applied For

65-0987157

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$375 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

DAVID L. MILLER

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

1800 Sunset Harbor Dr.

Suite, Apt. #, Etc.

Suite 105 #2210

City

Miami Beach

State

FL

Zip Code

33139

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

*David L. Miller*

Date 1/28/02

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
PRES.	David L. Miller	1800 Sunset Harbor Dr. #2210 Miami Bch FL 33139	Miami Bch FL 33139
VICE	Chadd D. Miller	1800 Sunset Harbor Dr. #2210 Miami Bch FL 33139	Miami Beach FL 33139
SEC.	David L. Miller	1800 Sunset Harbor Dr. #2210	Miami Beach FL 33139

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:

*David L. Miller*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/02

Date

3059750256

Daytime Phone #

CR2E081 (9/01)



# Physician House Calls

*"We bring the Doctor to You"*

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To Whom It May Concern:

This is my filling fee for 2001 and 2002. I did not receive the correct forms because of an address error. Please reinstate and change the address of Physician House Calls.

Thank you,

David L. Miller