

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 NOV 17 AM 8:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000017882

1. Corporation Name

PHYSICIAN HOUSE CALLS, INC.

Principal Place of Business

Mailing Address

3107 W. HALLANDALE BEACH BLVD.
SUITE 105
PEMBROKE PARK FL 33009

3107 W. HALLANDALE BEACH BLVD.
SUITE 105
PEMBROKE PARK FL 33009

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3127 W. HALLANDALE
SUITE 110
PEMBROKE PARK FL

3. New Mailing Office Address, If Applicable

9195 COLLINS AVE
SUITE 812
SURFSIDE FL

City & State

PEMBROKE PARK FL
Zip E33009 Country USA

City & State

SURFSIDE FL
Zip 33154 Country USA

REINSTATEMENT

03



100024199341
10/28/03--01039--013 **750.00

4. Date Incorporated or Qualified
To Do Business in Florida

02/18/2000

5. FEI Number

65-0987157

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	MILLER, DAVID L	1800 SUNSET HARBOR DR, #2210	MIAMI BEACH FL 33139
S	MILLER, DAVID L	1800 SUNSET HARBOR DR, #2210	MIAMI BEACH FL 33139

8. Name and Address of Current Registered Agent

MILLER, DAVID L
1800 SUNSET HARBOR DR
#2210
MIAMI BEACH FL 33139

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

David L Miller
REGISTERED AGENT MUST SIGN

Date 10-23-03

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., 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

10-23-03

Date

Daytime Phone #

954 964
3308

CR2040 (7/03)