2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED

04 NOV 16 AM 10:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 04

10212004 REIN-P CR2E098 (6/04)

DOCUMENT # P01000006095

1. Entity Name
A1 URGENT CARE & FAMILY PRACTICE CENTER, TAVERNIER, P.A.

Principal Place of Business	Mailing Address
101451 O/S HWY #13 KEY LARGO, FL 33037	101451 O/S HWY #13 KEY LARGO, FL 33037

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-1067943 ☐ Applied F[or] ☐ Not Applic[able]

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RAE, IAN N
101451 O/S HWY
#13
KEY LARGO, FL 33037

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and acc[ept] the obligations of registered agent.

SIGNATURE Ian N. Rae, M.D. ... MD 11/12/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After January 1, 2005, Fee will be $300.00

In accordance with s. 607.193(2)(b), F.S., th[e] corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1[0]		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT RAE, IAN N 101451 O/S HWY KEY LARGO, FL 33037	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Ad[d]
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS RAE, MARTHA M LPN 101451 O/S HWY KEY LARGO, FL 33037	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100042118751 10/25/04--01005--002 **150.00	☐ Change ☐ Ad[d]
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informati[on] indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or direc[tor] of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block [11 if] changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Martha M Rae 10/21/04