

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

61.25

FILED

02 DEC 16 PM 1:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000098547

1. Corporation Name

PHYSICIAN ASSISTANT PROVIDER, INC.

Principal Place of Business

Mailing Address

150 PINEVIEW ROAD
SUITE C4
JUPITER FL 33469

150 PINEVIEW ROAD
SUITE C4
JUPITER FL 33469



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

2. New Principal Office Address, If Applicable
10162 154th RD North
Jupiter

3. New Mailing Office Address, If Applicable
10162 154th RD North
Jupiter

4. Date Incorporated or Qualified
To Do Business in Florida

10/10/2001

5. FEI Number

65-1141271

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$0.75-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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PSTD	JN-BAPTISTE, MICHELE	150 PINEVIEW ROAD 10162 154th RD North	JUPITER FL 33469 Jupiter FL 33478
Pres	JN-BAPTISTE Michele	10162 154th RD North	Jupiter FL 33478
VP	Cox Gregory	10162 154th RD North	Jupiter 33478
Secy	JN-BAPTISTE Michele	10162 154th RD North	Jupiter 33478
Treas	JN-BAPTISTE Michelle	10162 154th RD North	Jupiter 33478

8. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

9. Name and Address of New Registered Agent

Name: Michelle JN-Baptiste
Street Address (P.O. Box Number is Not Acceptable):
10162 154th RD North
Suite, Apt. #, Etc.:
City: Jupiter State: FL Zip Code: 33478

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/25/02

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/25/02

Physician Assistant Provider, Inc.
10162 154th Road North
Jupiter, Florida 33478

To Whom It May Concern:

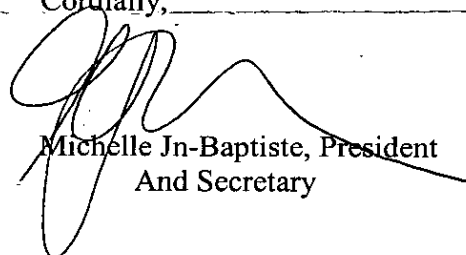
~~Re: Corporation Document #P01000098547~~

This letter is to request waiver of penalty for reinstatement of corporation. I recently moved locations and did not receive the Uniform Business Report. I am President of the above corporation and will be the agent of record for all future filings.

I would appreciate it if you could update your records accordingly so all-future correspondence will reach me in a timely manner.

Your prompt response is appreciated,

Cordially,



Michelle Jn-Baptiste, President
And Secretary

MJB/
Encl.