

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

04 OCT 28 AM 11:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P02000118167**

**1. Corporation Name**

PEDIATRIC CARE CENTER OF PASCO, PA

7217 GREENSLOPE DRIVE  
7217 GREENSLOPE DRIVE

**2. Principal Office Address**

7217 GREENSLOPE DRIVE

**3. Mailing Office Address**

7217 GREENSLOPE DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ZEPHYRHILLS, FL

City & State

ZEPHYRHILLS, FL

Zip

33541-1306

Country

Zip

33541-1306

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida 11/02/02**

**5. FEI Number**  
61-1432594

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

ALICIA FERNANDEZ

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

36841 WATERFALL DRIVE

Suite, Apt. #, Etc.

City

DADE CITY

State

FL

Zip Code

33525

**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

*[Signature]*

Date

10/28/04

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.	ALICIA FERNANDEZ	36841 WATERFALL DRIVE	DADE CITY FL 33525

900042293339  
10/28/04--01068--014 \*\*150.00

**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:** X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**Judson B. Baggett, CPA PA**  
**Certified Public Accountants**

*zelz*

Judson B. Baggett, MBA, CPA, Partner  
Marci Reutimann, CPA, Partner

6815 Dairy Road  
Zephyrhills, FL 33542  
Phone: (813) 788-2155  
Fax: (813) 782-8606

October 20, 2004

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Pediatric Care Center of Pasco, P.A.  
FEI: 61-1432594  
Document #: P02000118167  
Notice of Intent to Dissolve

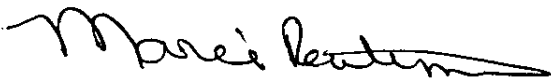
Dear Sir or Madam,

We are writing on behalf of the above Corporation regarding the notice it received as intent to dissolve.

The Corporation did not receive any prior notification regarding the annual corporation report, and consequently, did not submit the report or the payment. We respectfully request that you accept the enclosed report and payment in the amount of \$150.00, and abate any penalty associated with the late filing.

Your assistance in this matter is greatly appreciated. If we may be of further assistance, please call us at 813-788-2155.

Sincerely,



MARCI REUTIMANN, CPA

enc. Corporate annual report for 2004  
Corporate check, \$150.00