

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 MAR 29 AM 8:23

DOCUMENT # P02000118167

1. Corporation Name

Pediatric Care Center of Pasco, PA

2. Principal Office Address - No P.O. Box #

3. Mailing Office Address

7217 Greenslope Dr

7217 Greenslope Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zephyrhills FL

Zephyrhills FL

Zip

Country

Zip

Country

33541

USA

33541

USA

7. Name and Address of Current Registered Agent

Name

Alicia Fernandez-Garcia

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

5925 Montford Drive

Suite, Apt. #, Etc.

City

Zephyrhills

State

FL

Zip Code

33541

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]

REGISTERED AGENT MUST SIGN

Date 3-24-10

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-Garcia	5925 Montford Dr	Zephyrhills FL 33541

10. E-mail Address: g.j.gullen@yahoo.com

(To be used for future annual report notification)

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. I further certify, 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-24-10

Daytime Phone #

813-282-5086

600173444526  
03/29/10--01064--015 \*\*900.00  
**REINSTATEMENT 09-10**

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

1011432594

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.