

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS



DOCUMENT # P07531

1. Corporation Name

PRIVATE MEDICAL-CARE, INC.

Principal Place of Business

Mailing Address

12898 TOWNE CENTER DR.
 ATTN: JILL ALLAGOOD.CONTROLLER
 CERRITOS CA 90703
 US

12898 TOWNE CENTER DR.
 ATTN: JILL ALLAGOOD.CONTROLLER
 CERRITOS CA 90703
 US

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

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

09/24/1985

5. FEI Number

95-264 1865

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	ELLIOTT, ROBERT B.	12898 TOWNE CTR DR	CERRITOS CA
V	CONKLING, DONALD B. ANTHONY S. BARTH	100 FIRST STREET 12898 TOWNE CENTER DR	SAN FRANCISCO CA CERRITOS, CA
S	RAFTER, SHARON L.	100 FIRST STREET	SAN FRANCISCO CA
D	JAEGER, JOSEPH C. ELIZABETH M. RUSSELL	100 FIRST STREET	SAN FRANCISCO CA
D	RONALD STEVEN BULL, DDS	100 FIRST STREET	SAN FRANCISCO CA
C	WARD, WILLIAM T.	100 FIRST STREET	SAN FRANCISCO CA

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
 8751 W. BROWARD BLVD.
 PLANTATION FL 33324

Name

REINSTATEMENT

Suite, Apt. #, Etc.

City

State

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.

Signature of Registered Agent

[Signature]

Date December 14, 1998

REGISTERED AGENT MUST SIGN D. F. Hickey, Asst. Secretary

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information on intangible tax.)

12. 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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

December 17, 1998
 Date

(562) 924-8311
 Daytime Phone #