

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 # **P93000077915**

1. Corporation Name

**BAXTER MEDICAL CENTER OF FLORIDA, INC.**

FILED

97 JAN 15 AM 10:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

~~814 PONCE DE LEON BLVD., STE. 502  
CORAL GABLES FL 33134~~

~~814 PONCE DE LEON BLVD., STE. 502  
CORAL GABLES FL 33134~~



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

2. New Principal Office Address, If Applicable  
**814 PONCE DE LEON BLVD.**

3. New Mailing Office Address, If Applicable  
**814 PONCE DE LEON BLVD.**

4. Date Incorporated or Qualified  
To Do Business in Florida

**11/10/1993**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

**65-0456757**

Applied For

Not Applicable

City & State  
**CORAL GABLES, FL**

City & State  
**CORAL GABLES, FL**

Zip Country  
**33134 USA**

Zip Country  
**33134 USA**

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	FERNANDEZ, JUAN M.	814 PONCE DE LEON BLVD., STE. 502 208	CORAL GABLES FL 33134
<del>D</del>	<del>HUGUET, GEORGE</del>	<del>8480 N.E. 8RD AVE.</del>	<del>MIAMI FL 33138</del>
			500002062445--3 -01/17/97--01113--010 ***915.00 ***915.00 11/5/97

REINSTATEMENT 10-97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CALAS, DOLORES  
4590 SW 87 AVE. #4  
MIAMI FL 33155

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

REGISTERED AGENT MUST SIGN

Date

**1.8.97**

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Juan M. Fernandez, President.

Date

Daytime Phone #

**1.8.97 (305) 447-9850**

CR20040 (7/96)