PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

P94000040982 **DOCUMENT #**

97 NOV -3 AM 9: 27

1. Corporation Name FOUNTAINS MEDICAL CENTER, INC.							STROP O KILD	477th	
I				Address Iniversity Dr Suite 101 Tion FL 33324					
		ire incorrect in any way, line				ALINE	Mannah	91	
				w Mailing Office Address, If Applicable		Date Incorporated or Qualified To Do Business In Florida 05/27/1994			
Sulte, Apl.	#, etc.		Suite, Apt	ot. #, etc.		5. FEI Numbor 65-0612669 Applied For			
City & Stat	:e		City & Sta	City & State			Not Applicabl		
Zip		Country	Zip	Coun	lry	6. CERTIFICA	TE OF STATUS DESIRED 🔲 🧏	3.75 Additional Fee require for a Certificate of Status	
7. Names	and Steet		nd/or Director (Florida nonprofit corpo	rations must list at le	east 3 directors)		<u></u>	
Title(s)	2	Name of Officers S and/or Directors 3 (Do NOT)			treet Address of Eac officer and/or Director Use Post Office Box	ch (or City / State / Zip			
PD		DS, ARLEEN		5300 SW 6 STREET			PLANTATION FL 33351		
VD	CHRISTEN, IVORY-J- Resichned			7 203 MCKINI F	7 203 MCKINLEY ST		PLANTATION FL 33324		
							50002342565-0 -11/10/97-01072-011 ****550.00 ****550.00 5000023425650 -11/10/97-01072-012 ****250.00 ****250.00		
	B, N	ame and Address of Curre	nt Registered A	Agent		9. Name and	Address of New Registered	Agent	
RICHARDS, ARLEEN 5300 SW 6TH STREET PLANTATION FL 33351					Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.				
					City	<u> </u>	Stal		
10. I, being	appointed	the registered agent of the a	bove named co	obration, am lamillar v	vith and a copt the c	bligations of Sec		<u>** </u>	
Signature o Registered		Juli	HIGISTERED.	AGENT MUST SIGN			Date 10/27/93	7	
		oration owes or Personal Prope			ear Yes 🕢	No 🗆		ide for information angible tax.)	
this rein owed b	statement a v the corpor	application, the reason for dis	ssolution has be e names of Indi signature shall	on eliminated, the corp ividuals listed on this fo	orate name satisfies rm do not qualify for fect as If made unde	s the requirement r an exemption ur	papter 607 or 617, F.S. I further s of section 607.0401 or 617.1 nder section 119.07(3)(i), F.S.	0401, F.S., that all foos	

SIGNATURE: SIGNATURE AND TYPED OR PUNTED NAME OF SIGNING OFFICER OR DIRECTOR