

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

06 AUG - 7 AM 8:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000058042

1. Corporation Name

United Physicians of America, Inc.

W06000033760

REINSTATEMENT 03-06

CR2E081 (12/05)

2. Principal Office Address

2825 N. State Road 7

3. Mailing Office Address

2825 N. State Road 7

Suite, Apt. #, etc.

204

Suite, Apt. #, etc.

204

City & State

Margate, FL

City & State

Margate, FL

Zip
33063

Country
USA

Zip
33063

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida 04/24/96

5. FFL Number
65-0520345

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

Juan J. Rodriguez, Esq.

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

2333 Ponce De Leon Blvd.

Suite, Apt. #, Etc.

303

City

Coral Gables

State
FL

Zip Code
33134

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

Juan J. Rodriguez
REGISTERED AGENT MUST SIGN

Date 05/23/06

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
P	Rafael Rodriguez	2825 N. State Road 7, Suite 204	Margate, FL 33063
VP, S	Josephine Rodriguez	2825 N. State Road 7, Suite 204	Margate, FL 33063

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 contained in Chapter 119, 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:

J. Rodriguez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/23/06

Date

434-935-1477

Daytime Phone #

8/8 ad