# Florida Department of State
## Division of Corporations
## Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6384

RA 3767.166623

From:
Account Name : CORPDIRECT AGENTS, INC.
Account Number : 110450000714
Phone : (850)222-1173
Fax Number : (850)224-1640

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

**Email Address:** _____

**CORPORATION REINSTATEMENT**
**UNITED PHYSICIANS OF AMERICA, INC.**

| | |
|---|---|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | ~~$1,050.00~~ $900.00 |

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FILED
12 FEB 14 PM 5:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT**

**FLORIDA DEPARTMENT OF STATE**
**Secretary of State**
DIVISION OF CORPORATIONS

CR2E081 (11/10)

DOCUMENT # P94000058042

1. Corporation Name
United Physicians of Amirica, Inc.

| 2. Principal Office Address - No P.O. Box # | 3. Mailing Office Address |
|---|---|
| 2825 N State Road 7 | 2825 N State Road 7 |
| Suite, Apt. #, etc. Suite # 204 | Suite, Apt. #, etc. Suite # 204 |
| City & State Margate, FL | City & State Margate, FL |
| Zip 33063 Country | Zip 33063 Country |

4. Date Incorporated or Qualified To Do Business in Florida Jan 25 1995

5. FEI Number 65-0520345 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: CorpDirect Agents, Inc.

Street Address (P.O. Box Number is Not Acceptable): 515 East Park Avenue

Suite, Apt. #, Etc.:

City: Tallahassee State: FL Zip Code: 32301

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: Michele Holden Michele Holden, Asst. Secretary Date: 02/14/12
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Title | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|---|---|---|---|
| P | Rafael Rodriguez | 2825 N. State Rd 7 Suite 204 | Margate, FL 33063 |
| | | | S. HAWKES |
| | | | FEB - 2012 |
| | | | EXAMINER |
| | | | |
| | | | |

10. E-mail Address: fleathers@datadrivends.com
(To be used for future annual report notification)

11. I certify that I am an officer or director of 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., and 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; I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: [signature] 01/31/12 954-651-8855
SIGNATURE AND TYPE OR PRINT NAME OF APPLICABLE OFFICER OR DIRECTOR — Daytime Telephone #