

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS APPLICATION

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

NOV 12 AM 11:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000066602**

1. Corporation Name

HEALTHPOINT MEDICAL CENTER, INC.

Principal Place of Business

**2140 KINGSLEY AVE.
SUITE 5
ORANGE PARK FL 32073**

Mailing Address

**2140 KINGSLEY AVE.
SUITE 5
ORANGE PARK FL 32073**

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

2. New Principal Office Address, If Applicable
2217-B Kingsley Avenue

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Orange Park, Florida

City & State

Zip

32073

Country

Zip

Country

REINSTATEMENT *and* *WISBE*

4. Date Incorporated or Qualified
To Do Business in Florida

09/08/1994

5. FEI Number

50-3208464

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

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

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	PRICE, STEPHEN M	2140 KINGSLEY AVE., SUITE 5	ORANGE PARK FL 32073
D	ABERA, CESAR H JR	2140 KINGSLEY AVE., SUITE 5	ORANGE PARK FL 32073
D/P/S/T	Price, Stephen M.	2217-B Kingsley Avenue	Orange Park, Florida 32073

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******375.00 ****375.00**

8. Name and Address of Current Registered Agent

**BRANT MOORE SAPP MACDONALD & WELLS, P.A.
50 NORTH LAURA ST.
SUITE 3100
JACKSONVILLE FL 32202**

9. Name and Address of New Registered Agent

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

Scott L. Glass
REGISTERED AGENT MUST SIGN

Date **10/3/96**

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:

STEPHEN M. PRICE
STEPHEN M. PRICE, President

11-7-96 721-1353
Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR