

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 21 AM 8:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000066602

1. Corporation Name

HEALTHPOINT MEDICAL CENTER, INC.

Principal Place of Business

Mailing Address

2217-B KINGSLEY AVENUE
ORANGE PARK FL 32073

2217-B KINGSLEY AVENUE
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

6910 ATLANTIC BLVD.

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

6910 ATLANTIC BLVD

Suite, Apt. #, etc.

City & State

JACKSONVILLE FL

City & State

JACKSONVILLE FL

Zip

32211

Country

USA

Zip

32211

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

09/09/1994

5. FEI Number

59-3268464

Applied For

Not Applicable

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)

Title(s)

1

Name of Officers
and/or Directors

2

Street Address of Each
Officer and/or Director

3

City / State / Zip

PSTD

PRICE, STEPHEN M

2217-B KINGSLEY AVENUE

ORANGE PARK FL 32073

800009149548

11/21/02--01062--006 **750.00

8. Name and Address of Current Registered Agent

SOD, JEFFREY D ESQ.

233 EAT BAY STREET

SUITE L-03

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
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 11-09-2002

11. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEPHEN M. PRICE PRESIDENT 11-11-02 904-241-2818

Date

Daytime Phone #

CR2E040 (8/02)