

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

08 JAN 15 PM 3:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000077839

1. Corporation Name

University Medical H. Center P.A

2. Principal Office Address - No P.O. Box #

1190 N W 95 Street

3. Mailing Office Address

1190 N W 95 Street

Suite, Apt. #, etc.

Suite 302

Suite, Apt. #, etc.

Suite 302

City & State

Miami, Florida

City & State

Miami Florida

Zip

33150

Country

Dade

Zip

33150

Country

Dade

REINSTATEMENT 02-08<sup>KS</sup>

CR2E081 (1/07)

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

65-0534029

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

Marie F. Adam, MD

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

1190 N W 95 street

Suite, Apt. #, Etc.

Suite 302

City

Miami

State

FL

Zip Code

33150

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

REGISTERED AGENT MUST SIGN

Date 12/15/07

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	Marie F. Adam MD	11905 n w 2nd Ave #107C	Miami Florida, 33150
D	Margarette Conze	1190 N W 95 St #302	Miami Florida 33150
VP	Lydice Diaquoi	11905 NW 2nd ave #107C	Miami Florida, 33161
		500115854165 01/23/08--01006--004 **1500.00	
		500115854165 01/23/08--01006--005 **150.00	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-15-07

Date

Daytime Phone #