

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000089606

1. Corporation Name

FAMILY MEDICAL CARE, P.A.

Principal Place of Business

550-17 WELLS RD.
ORANGE PARK FL 32073

Mailing Address

550-17 WELLS RD.
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

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/07/1994

5. FEI Number

59-3287597

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
VP	CASTIEL, ALBERTO	9970 VINEYARD LAKE RD E.	JACKSONVILLE FL 32256
P	CANNON, BARBARA C	2553 HUNTINGTON WAY	ORANGE PARK FL 32073

8. Name and Address of Current Registered Agent

KEASLER, FRANK R JR
4855 SALISBURY RD.
SUITE 390
JACKSONVILLE FL 32256

9. Name and Address of New Registered Agent

Name
FRANK R. KEASLER, JR.
Street Address (P.O. Box Number Is Not Acceptable)
4337 PABLO OAKS COURT, SUITE 102
Suite, Apt. #, Etc.
SUITE 102
City
JACKSONVILLE
State
FL
Zip Code
32224

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

1/14/99

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BARBARA L. CRUKSHANK

PRESIDENT

11/12/98

Date

904/269-2900

Daytime Phone #

CR2E040 (9/98)