

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



**APPLICATION
FOR
REINSTATEMENT**

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

FILED
98 FEB -9 AM 8:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PM0000 92920**

1. Corporation Name
PROMPT CARE MEDICAL MANAGEMENT SERVICES, INC.

Principal Place of Business Mailing Address
**2020 NE 163 Street, suite #205
N. Miami Beach, FL 33162**

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		4. Date Incorporated or Qualified To Do Business in Florida 1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0564584	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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
Pres.	Alexander Gurevich	1560 Seagrape Way,	Hollywood, FL 33612
			800002428128-1 -02/11/98-01097-007 ***1208.75 ***1208.75

REINSTATEMENT 95-98

SL 2-10-98

8. Name and Address of Current Registered Agent

Alexander Gurevich
1560 Seagrape Way,
Hollywood, FL 33019

9. Name and Address of New Registered Agent

Name **Alexander Gurevich**
Street Address (P.O. Box Number is Not Acceptable)
1560 Seagrape Way
Suite, Apt. #, Etc.
City **Hollywood** State **FL** Zip Code **33019**

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 REGISTERED AGENT MUST SIGN

Date **2-2-98**

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: **A. Gurevich**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/30/98
Date

3059496090
Daytime Phone #

CP25040 (1/98)