

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
FLORIDA DEPARTMENT OF STATE  
and/or Northam  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

98 AUG -3 PM 4: 25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000010969

1. Corporation Name

Greater Miami Medical Group, P.A.

Principal Place of Business

Mailing Address

~~3250 S.W. 3rd Ave., Miami, FL 33129~~

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

2. New Principal Office Address, If Applicable

c/o Hall & Hedrick

3. New Mailing Office Address, If Applicable

c/o Hall & Hedrick

Suite, Apt. #, etc.  
255 E. 2nd Ave. #1105

Suite, Apt. #, etc.  
25 S.E. 2nd Ave. #1105

City & State  
Miami, Florida

City & State  
Miami, Florida

Zip  
33131

Country  
USA

Zip  
33131

Country  
USA

4. Date Incorporated or Qualified To Do Business in Florida

Feb. 8, 1995

5. FEI Number

65-0553653

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
Pres. & Dir.	Juan M. Bolet, MD	3661 S. Miami Ave.	Miami, FL 33133
VP & Dir.	Pete Garcia, MD	3661 S. Miami Ave.	Miami, FL 33133
Sec. & Dir.	Augusto Tirado, MD	9011 SW 10 Terr.	Miami, FL 33174
Treas. & Dir.	Charles Virgin, MD	2700 SW 3rd Ave. Suite 1-B	Miami, FL 33129
			400002608584--9
			-08/05/98--01120--005
			***2703.25 ****900.00
			REINSTATEMENT 91-98
			ae 83
			FA 900.00

8. Name and Address of Current Registered Agent

Stanley H. Kuperstein, Esq.  
1428 Brickell Ave.  
6th floor  
Miami, FL 33131

9. Name and Address of New Registered Agent

Name  
M. Lewis Hall, Jr., Esq.  
Street Address (P.O. Box Number is Not Acceptable)  
c/o Hall & Hedrick, 25 S.E. 2nd Ave.  
Suite, Apt. #, Etc.  
Suite 1105  
City  
Miami  
State  
FL  
Zip Code  
33131

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

M. Lewis Hall Jr.  
REGISTERED AGENT MUST SIGN

Date

7/30/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. has not paid tax: 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Juan M. Bolet, M.D.

Date

7/30/98

305-856-4153

Daytime Phone #

CR2040 (1/98)