

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 # **P95000025736**

1. Corporation Name

**MEDICAL PARK OF FLORIDA CITY, INC.**

Principal Place of Business

675 WEST PALM DRIVE  
FLORIDA CITY FL 33034

Mailing Address

675 WEST PALM DRIVE  
FLORIDA CITY FL 33034

FILED

96 NOV -7 AM 11:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**REINSTATEMENT**

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

03/31/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0569939

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☒

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	WELLSCH, IRA S	10000 SW 122ND TERRACE	MIAMI FL 33176

488882883964-6  
-11/14/96--01009-003  
\*\*\*\*383.75 \*\*\*\*383.75

*[Handwritten signature]*

8. Name and Address of Current Registered Agent

WELLSCH, IRA S  
675 WEST PALM DRIVE  
FLORIDA CITY FL 33034

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.

Signature of  
Registered Agent

*[Handwritten signature]*

REGISTERED AGENT MUST SIGN

Date

10/31/96

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. 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:

*[Handwritten signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/31/96

305254-8825

Date

Daytime Phone