• P	LEASE READ	ALL INSTEL			7	NG THIS FOF	RM.
APPLICATION	ON S	1973	dr. Mor	T OF STATE			
I DEINICTATEMIENIT (APPEN) V			cretary of St	ry of State		mii mn	
DOCUMENT # (9500025084) (2)					FILED		
1. Corporation Name					98 MAY 18 PM 1:59		
FLOFIDA HEALTH MEDICAL GROUP FM					SECRETARY OF STATE TALLAHASSEE, FLORIDA		
					TAL	LAHASSEE	אטואט
Principal Place of Business Mailing Address 6741 CORALWAY #2 6741 CORAL WAY #22							
6741 CORALWAY #2 6741 GRAL WAY #22 MIAMI PL 33155 MIAMI PL 33155							
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 Incorpor	rated or Qualified ss in Florida	
Suite, Apt. #, etc. Suite, Apt. #, etc.			-	5. FEI		27/95	
City & State		City & State	-		65-	2598768	Applied For Not Applicable
Zıp	Country	7ip	Country		6. CERTIFICATE	OF STATUS DESIRED 🔲	\$8.75 Additional Fee required for a Certificate of Status
7. Names and Street Addre	esses of Each Officer and/o	n Director (Florida n		ons must list at lea			
Title(s) and/or Directors		3_	Offic	er Address of Each er and/or Director Post Office Box N		City	/ State / Zip
RSD JOSER	L. VAZPUEZ	26	021 W.7	34 KT	4CE	HIALEAH	FL 330/6
							
						· · · · · · · · · · · · · · · · · · ·	
					10	0000252	
					-05/13/3801081004 ****550.00 ****550.00		
8. Name and Address of Current Registered Agent Name					9. Name and Ad	dress of New Register	red Agent
JOSE E VAZQUEZ 2621 W. 73 ED PLACE Street Address (P.					O. Box Number is	Not Acceptable)	
				Suile, Apl. #, Etc.			
HIALEAH PL 330/6				City State Zip Code			
10. I, being appointed the	egistered agent of the above	e named corporation	n, am familiar with	and accept the ob	ligations of Section	n 607.0505, F.S.	FL
Signature of Registered Agent Date S/4/98							
11. Does this corporation pay any intangible tax to the							
Dept. of Rev	enue under S.	199.032, Flo	rida Statut	tes. Yes	No 🗆		r side for information ntangible 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 filling 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 na and accurate, and my sign	imes of individuals lis	sted on this form	do not qualify for a	an exemption under	r section 119.07(3)(i), F	S. The information indicated
		,				,	-305- 206-0405
SIGNATURE:	Musel	TED MARIE OF COOKS	O OFFICER OF THE	NECTOR	5	14/98	206-0405
Jage 12	Dazave.	TED NAME OF SIGNING	SIDEM	<u>те</u> стон	(D f ité	Daytime Phone #