

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 # P95000056277

1. Corporation Name

NORTHERN MANAGED CARE ASSOCIATES, INC.

FILED

97 APR 21 PM 2: 04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

999 PONCE DE LEON BLVD.  
SUITE NO 730  
CORAL GABLES FL 33134

999 PONCE DE LEON BLVD.  
SUITE NO 730  
CORAL GABLES FL 33134

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

999 PONCE DE LEON BLVD.

Suite, Apt. #, etc.

SUITE 730

City & State

CORAL GABLES FL

Zip

33134

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

07/20/1995

5. FEI Number

65-0611501

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) 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	ROQUE-VELASCO, ISMAEL	999 PONCE DE LEON BLVD., #730	CORAL GABLES FL 33134

9000002151919-5

-04/23/97--01064--004

\*\*\*\$915.00 \*\*\*\$915.00

4/22/97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ROQUE-VELASCO, ISMAEL  
999 PONCE DE LEON BLVD.  
SUITE NO 730  
CORAL GABLES FL 33134

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 2/27/97

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:

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

2-27-97

Date

(305)567-1045

Daytime Phone #

CR20040 (7/96)