

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

96 NOV -5 PM 3:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000062402

1. Corporation Name

KCMC HEALTH CARE INC.

Principal Place of Business

/ 11 EXECUTIVE CENTER DRIVE APT. 1-100
WEST PALM BEACH FL 33401

Mailing Address

/ 11 EXECUTIVE CENTER DRIVE APT. 1-100
WEST PALM BEACH FL 33401

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

2. New Principal Office Address, if Applicable

6145 BELLEZA LA. ESTRADA

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

07/25/1995

5. FEI Number

65-0604137

Applied For

Not Applicable

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)

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	KAREN ROSS	6145 BELLEZA LA	BOCA RATON FL 33433
*	Courtney Ross		

300002002933--3
-11/13/96--01108--020
****375.00 ****375.00

8. Name and Address of Current Registered Agent

ROSS, COURTNEY
6145 BELLEZA LAE ESTRADA
BOCA RATON FL 33434

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/30/96

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

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/30/96

Daytime Phone #

CR22040 (7/96)