

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P19000065956

1. Corporation Name
UNITED CARE MEDICAL ASSOC. INC.

FILED

99 SEP 17 AM 10:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

6411 TAFT ST
HOLLYWOOD FL 33024

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	
		<u>6411 TAFT ST</u>		<u>8/24/95</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number	
		<u>HOLLYWOOD FL 33024</u>		<u>65-0604865</u>	
City & State		City & State		Applied For	
				Not Applicable	
Zip		Country		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
<u>33024</u>		<u>USA</u>			

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
<u>Pres.</u>	<u>DAVID GOROWAY</u>	<u>5601 S.W. 195th Ave.</u>	<u>St. Lande, FL 33022</u>
<u>Sec.</u>	<u>GARY R. DOUGLAS</u>	<u>1644 Jackson St.</u>	<u>Hollywood, FL 33020</u>
REINSTATEMENT 97-98 TS			
300002996603--0			
-09/24/99--01075--009			
***1050.00 ***1050.00			

8. Name and Address of Current Registered Agent

DAVID GOROWAY
5601 S.W. 195th Ave.
St. Lande, FL 33022

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc. 300002996603--0
City FL State FL Zip 33022

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 DAVID GOROWAY (PRES)
REGISTERED AGENT MUST SIGN

Date 6/1/99

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

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:

DAVID GOROWAY (PRES)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 6/1/99 Daytime Phone # 954 981 7198