

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**

97 JAN 27 AM 11:42

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**DOCUMENT # P95000083402**

1. Corporation Name

**PHYSICIAN CARE CENTER OF NORTH MIAMI, INC.**

Principal Place of Business

Mailing Address

16209 N.E. 13TH AVENUE  
N MIAMI BEACH FL 33162

16209 N.E. 13TH AVENUE  
N MIAMI BEACH FL 33162

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**REINSTATEMENT** 0096

4. Date Incorporated or Qualified To Do Business in Florida		10/31/1995
5. FEI Number	65-0615736	Applied For
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Not Applicable
\$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)

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
D.	HUI, HAROLD	16209 N.E. 13TH AVE.	N MIAMI BEACH FL 33162

800002071818--7  
01/29/97-01020-003  
\*\*\*375.00 \*\*\*375.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**A Z REGISTERED AGENT CORPORATION**  
2801 S. BAYSHORE DR.  
SUITE 1600  
MIAMI FL 33133

Name  
**Harold Hui**  
Street Address (P.O. Box Number is Not Acceptable)  
**16209 N.E. 13th Avenue**  
Suite, Apt. #, Etc.  
City  
**N. Miami Beach** State **FL** Zip Code **33162**

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

REGISTERED AGENT MUST SIGN

Date

12/20/96

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)(l), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/20/96 (305) 940 9888

CREC040 (7/96)