

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000086600

1. Corporation Name

CAREMED HEALTH SYSTEMS, INC.

FILED

00 OCT 18 AM 10:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

420 LINCOLN ROAD
SUITE 432
MIAMI BEACH FL 33139
US

420 LINCOLN ROAD
SUITE 432
MIAMI BEACH FL 33139
US

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

2. New Principal Office Address, If Applicable
420 Lincoln Road

3. New Mailing Office Address, If Applicable
P. O. Box 191768

Suite, Apt. #, etc.
Suite 335

Suite, Apt. #, etc.

City & State
Miami Beach, FL

City & State
Miami, FL

Zip
33139

Country
USA

Zip
33119-1768

Country
USA

REINSTATEMENT

00

4. Date Incorporated or Qualified
To Do Business in Florida

11/09/1995

SP

5. FEI Number

65-0636318

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
DST	MONTERO, HILDA C	420 LINCOLN ROAD, SUITE 432 335	MIAMI BEACH FL 33139
DP	CEJAS, PABLO L	420 LINCOLN ROAD, SUITE 432 335	MIAMI BEACH FL 33139
D-	NEFZEL, JULIE DELETED	420 LINCOLN ROAD, SUITE 432	MIAMI BEACH FL 33139
			100003449191--9 -11/02/00--01081--024 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PLC INVESTMENTS, INC.
420 LINCOLN ROAD
SUITE 432 335
MIAMI BEACH FL 33139

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

Hilda C. Montero
REGISTERED AGENT MUST SIGN

Date 10/16/00

11. 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:

Hilda C. Montero
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/16/00

Date

321-531-5220
Daytime Phone #

CR2E040 (8/00)