

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10F2

APPLICATION
FOR
~~REINSTATEMENT~~

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

DOCUMENT # P96000027269

1. Corporation Name

METROMED OF MIAMI, INC.

Principal Place of Business

12510 KENDALL DRIVE
MIAMI FL 33186

Mailing Address

12510 KENDALL DRIVE
MIAMI FL 33186

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

4. Date Incorporated or Qualified
To Do Business in Florida

03/28/1996

5. FEI Number

65-0674813

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
PD	HERNANDEZ, OSCAR L	12510 N. KENDALL DRIVE	MIAMI FL 33186
SD	STONE, REGINA	12510 N. KENDALL DRIVE	MIAMI FL 33186

400003500324--9
-12/13/00--01100--005
***150.00 ***150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HERNANDEZ, OSCAR L
12510 KENDALL DRIVE
MIAMI FL 33186

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

REGISTERED AGENT MUST SIGN

Date

11/30/00

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.

KE

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/30/00

Daytime Phone #



Metro Med

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University of Miami
School of Medicine

Yamile Guerra Negrete, MD

Alexander Jones, ARNP FMG
Family Practice

Flor Crisologo, PA
Universidad de San Marcos
Facultad de Medicina

Robert Ortiz, MD

Mark Zaki, MD

To: Dept. of Skete
From: O. Hernandez / President.
Subject: Metro Med
Date: 10/5/00.

I have not recieved Uniform
business report for Metro Med,

[Signature]
O. Hernandez MD

1132
125
1297