

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000069569**

1. Corporation Name

SOUTH BROWARD PRIMARY CARE IPA, INC.

Principal Place of Business

**201-S-BISCAYNE BLVD.
SUITE 3000
MIAMI FL 33131**

Mailing Address

**201-S-BISCAYNE BLVD.
SUITE 3000
MIAMI FL 33131**

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.

**6517 Taft Street
City & State
Hollywood, FL**

Suite, Apt. #, etc.

**6517 Taft Street
City & State
Hollywood, FL**

Zip

Country

Zip

Country

33024 USA

33024 USA

4. Date Incorporated or Qualified
To Do Business in Florida

08/21/1996

5. FEI Number

65-0688695

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)

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/C	HEROLD, FREDERICK S MD	201 SOUTH BISCAYNE BLVD.	MIAMI FL 33131
D	AGOSTINELLI, JOHN	201 SOUTH BISCAYNE BLVD.	MIAMI FL 33131
		c/o MH 6517 Taft Street	900002375799-1 -12/17/97-01113-006 ****750.00 ****750.00 Hollywood, FL 33024

8. Name and Address of Current Registered Agent

**B & C CORPORATE SERVICES, INC.
201 SOUTH BISCAYNE BLVD.
SUITE 3000
MIAMI FL 33131**

9. Name and Address of New Registered Agent

Name

Gary Barber

Street Address (P.O. Box Number is Not Acceptable)

1011 N 35 Ave

Suite, Apt. #, Etc.

City

Hollywood

State

FL

Zip Code

33021

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]

Date

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid 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: *X*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

97 DEC -9 PM 12:07

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

REINSTATEMENT

97

12-10-97

CR25040 (8/97)