

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P96000070260

99 SEP 23 PH 3:01

1. Corporation Name

Partners in Health Management, Inc.

Principal Place of Business

1100 LEE WAGENER BLVD.
SUITE 309
FT. LAUDERDALE, FL. 33315

Mailing Address

1100 LEE WAGENER BLVD.
SUITE 309
FT. LAUDERDALE, FL. 33315

REINSTATEMENT 98-99

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

08/21/1996

5. FEI Number

65-0700639

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
C/D	JAMES HUYSMAN	1100 LEE WAGENER BLVD * 309	FT. LAUDERDALE / FL / 33315
V/D	DR. BARBARA GIBSON	1100 LEE WAGENER BLVD * 309	FT. LAUDERDALE / FL / 33315
S/D	JEANNE MILEY	1100 LEE WAGENER BLVD * 309	FT. LAUDERDALE / FL / 33315
			300003000583--6 -09/29/99--01062--021 ****908.75 ****908.75

8. Name and Address of Current Registered Agent

JEFF GUNAMON, ESQ.
ADDICOTT + ADDICOTT, PA
450 N. PARK BLVD. #805
HOLLYWOOD, FL. 33021

9. Name and Address of New Registered Agent

Name
DR. BARBARA GIBSON
Street Address (P.O. Box Number is Not Acceptable)
1100 LEE WAGENER BLVD
Suite, Apt. #, Etc.
309
City
FT. LAUDERDALE
State
FL
Zip Code
33315

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

Dr. Barbara Gibson

REGISTERED AGENT MUST SIGN

Date 6/28/99

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:

Dr. Barbara Gibson DR. BARBARA GIBSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/28/99
Date

(951) 453-2062
Daytime Phone #

AD

CR2E061 (12/98)