

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 # P96000070365

1. Corporation Name

PHYSICIANS ALLIANCE OF CENTRAL FLORIDA, INC.

Principal Place of Business

4106 WEST LAKE MARY BOULEVARD
SUITE 115
LAKE MARY FL 32746

Mailing Address

4106 WEST LAKE MARY BOULEVARD
SUITE 115
LAKE MARY FL 32746

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

106 Boston Ave, STE. 103

City & State

Altamonte Springs, FL

Zip

32701

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

106 Boston Ave, Ste 103

City & State

Altamonte Springs, FL

Zip

32701

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/23/1996

5. FEI Number

59-3400372

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 |
|--------------------|---|--|---|
| President | GONZALO Huaman, M.D. | 1403 Medical Plaza Dr. STE. 101 | SANFORD, FL 32711 |
| V. PRES. | Abraham L. Woods, III, M.D. | 106 Boston Ave., STE 103 | Altamonte Springs, FL 32701 |
| Sec / Treasurer | ANTHONY J. ARCADIA, M.D. | 4106 W. LAKE MARY Blvd, STE 115 | LK. MARY, FL 32746 |
| | | | 500002344845--4 -11/12/97--01084--005 ****750.00 ****750.00 |
| | | | |
| | | | |

8. Name and Address of Current Registered Agent

F & L CORP.
THE GREENLEAF BUILDING, THIRD FLOOR
200 LAURA STREET
JACKSONVILLE FL 32202-3527

9. Name and Address of New Registered Agent

Name
B&C Corporate Services of Central
Street Address (P.O. Box Number is Not Acceptable)
Florida, Inc
390 N. Orange Avenue
Suite, Apt. #, Etc.
Suite 1100
City
Orlando
State
FL
Zip Code
32801

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.

B&C Corporate Services of Central Florida, Inc.

Signature of
Registered Agent by:

[Signature]
Vice President
REGISTERED AGENT MUST SIGN

Date November 7, 1997

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/6/97

Date

Daytime Phone #