

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



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

DOCUMENT # **P96000071718**

1. Corporation Name

**MID-FLORIDA PRIMARY CARE, P.A.**

Principal Place of Business

Mailing Address

~~1402 SOVEREIGN COURT  
ORLANDO FL 32804~~

~~1402 SOVEREIGN COURT  
ORLANDO FL 32804~~

**4711 CURRY FORD RD. SUITE C  
ORLANDO FL 32812**

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

**4711 CURRY FORD RD. SUITE C**

**4711 CURRY FORD RD.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

Country

**Orlando FL**

**Orlando FL**

**32812**

**32812**

**Orlando**

**Orlando**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	ALFONSO, EMILIO M.D.	1019 RIDGECREST RD.	ORLANDO FL 32806
D	ANGULO, RAFAEL J M.D.	1402 SOVEREIGN COURT	ORLANDO FL 32804
D	CAMBO, JORGE L M.D.	1143 RAINTREE PLACE	WINTER PARK FL 32769
D	PEREZ, JORGE J M.D.	3812 NEPTUNE DRIVE	ORLANDO FL 32804
D	REGO, ARMANDO M.D.	138 HAMLIN T. LANE	ALTAMONTE SPRINGS FL 32701

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**ANGULO, RAFAEL J M.D.  
1402 SOVEREIGN COURT  
ORLANDO FL 32804**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, Etc.  
City

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

**REQUIRED**

Date: **11/15/99**

REGISTERED AGENT MUST SIGN

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:

**REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **10/25/99**

Daytime Phone #

FILED

99 NOV 19 PM 12:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**REINSTATEMENT 1999**

4. Date Incorporated or Qualified  
To Do Business in Florida

08/20/1996

SP

5. FEI Number

59-0099268

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

SP 75.211 Fee of \$100.00 required for a certificate of status.

CR25040 (8/98)