

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P97000018258

1. Corporation Name

FAMILY HEALTH CARE SERVICES, INC.

Principal Place of Business

Mailing Address

1561 S. Congress Avenue 10969 Bal Harbor Drive
Delray Beach, FL 33445 Boca Raton, FL 33498

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

2. New Principal Office Address, If Applicable

1561 S. Congress Ave.

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Delray Bch, FL 33445

Zip

33445

Country

USA

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

February 26, 1997

5. FEI Number

65-0732159

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

98-99

FILED

99 NOV 15 PM 12:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Pres.	Serge Alexandre, M.D.	1561 S. Congress Avenue	Delray Bch, FL 33445

000003059030--1
-12/02/99--01062--005
*****900.00 *****900.00

8. Name and Address of Current Registered Agent

Serge Alexandre, M.D.
1561 S. Congress Avenue
Delray Beach, Florida 33445

9. Name and Address of New Registered Agent

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

Serge Alexandre
REGISTERED AGENT MUST SIGN

Date 09/29/99

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SHOWING OFFICER OR DIRECTOR

Serge Alexandre, M.D. 09/29/99 561-551-3198

Date

Daytime Phone #

CR25061 (12/98)