

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
TALLAHASSEE, FLORIDA

01 NOV -2 PM 12: 03

DOCUMENT # P97000078222

1. Corporation Name

HILLCREST MEDICAL ASSOCIATES, INC.

Principal Place of Business

2208 HILLCREST DR.
ORLANDO FL 32803

Mailing Address

3613 HAWORTH DR
RALEIGH NC 27609



REINSTATEMENT

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.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/08/1997

5. FEI Number

62-7454517

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	POLLACK, ALAN M	757 THIRD AVENUE	NEW YORK NY 10017
VP	DAVIS, PAT	2208 HILLCREST DR.	ORLANDO FL 32804
ST	BROADNAX, GARY	2208 HILLCREST DR.	ORLANDO FL 32804
			800004696908--7 -11/28/01--01031--019 ****150.00 ****150.00
			300004696913--2 -11/28/01--01031--020 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

DAVIS, PAT
2208 HILLCREST DR.
ORLANDO FL 32803

9. Name and Address of New Registered Agent

Name
Jane Gerhardt
Street Address (P.O. Box Number is Not Acceptable)
2208 Hillcrest Dr
Suite, Apt. #, Etc.
City
Orlando
State
FL
Zip Code
32803

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 REQUIRED
REGISTERED AGENT MUST SIGN

Date

10-31-01

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: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/23/01

Daytime Phone #

919-783-0444