

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

**FILED**

01 DEC -6 PM 12:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

1. Corporation Name

PRIMARY CARE CENTER, P.A.

2. Principal Office Address

514 FLORIDA AVENUE

Suite, Apt. #, etc.

3. Mailing Office Address

112 EAST THIRD COURT

Suite, Apt. #, etc.

City & State

LYNN HAVEN, FL

Zip

Country

32444

BAY

City & State

PANAMA CITY, FL

Zip

Country

32401

BAY

4. Date Incorporated or Qualified  
To Do Business in Florida

12/01/1997

5. FEI Number

593485576

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

RICHARD ALBRITTON JR.

Street Address (P.O. Box Number is Not Acceptable)

1042 JENKS AVENUE

Suite, Apt. #, Etc.

City

PANAMA CITY

State

FL

Zip Code

32401

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

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

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip   |
|--------|--------------------------------------|---|----------------------|
| D      | RAHMAN, SAIF UR                      | 514 FLORIDA AVENUE                                | LYNN HAVEN, FL 32444 |
|        |                                      |   |                      |
|        |                                      |   |                      |
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|        |                                      |   |                      |

**REINSTATEMENT**

12-6-01

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\*\*\*750.00 \*\*\*750.00

10. 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)(f), 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

Nov 21, 01

Date

850-265-3686

Daytime Phone #

SAIF U. RAHMAN (PRESIDENT)

CR2E081 (9/00)