

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**

**City & State**

**PANAMA CITY, FL**

**Zip**

**Country**

**Zip**

**Country**

**32444**

**RAY**

**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**

**Date**

**REGISTERED AGENT MUST SIGN**

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

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

**REINSTATEMENT**

**12-6-01**

**000004712280--9**

**12/06/01--01070--001**

**\*\*\*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)(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**

**Date**

**Daytime Phone #**

**SAIF U. RAHMAN (PRESIDENT)**