

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
DIVISION OF CORPORATIONS

99 OCT 25 PM 4:21

DOCUMENT # P97000107976

1. Corporation Name

URGENT CARE 2000, INC.

Principal Place of Business

1605 MAIN STREET
SUITE 1001
SARASOTA FL 34236

Mailing Address

1605 MAIN STREET
SUITE 1001
SARASOTA FL 34236

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

4. Date Incorporated or Qualified
To Do Business in Florida

12/24/1997

Suite, Apt. #, etc.

1756 OAK LAKES DR

Suite, Apt. #, etc.

City & State

SARASOTA, FL

City & State

Zip

34232

Country

Zip

Country

5. FEI Number

65-0801811

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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
DPAS	HOFFEDITZ, MARTIN R	8231 MEDICI CT. #104 1756 OAK LAKES DR	SARASOTA FL 34243 34232
DVPS	HOFFEDITZ, LISA M	8231 MEDICI CT. #104 1756 OAK LAKES DR.	SARASOTA FL 34243 34232

100003033131--7
-11/02/99--01101--002
***150.00 ***150.00

[Handwritten signature]

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GOLDSMITH, STANLEY A 1605 MAIN STREET SUITE 1001 SARASOTA FL 34236	Name MARTIN R. HOFFEDITZ Street Address (P.O. Box Number is Not Acceptable) 1756 OAK LAKES DR. Suite, Apt. #, Etc. City SARASOTA State FL Zip Code 34232
---	--

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

Martin R. Hoffeditz
REGISTERED AGENT MUST SIGN

Date 10/22/99

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: *M Hoffeditz* MARTIN R HOFFEDITZ 10/22/99 941-929-0020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #