

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

AND
FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 OCT 24 PM 4:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000003691

1. Corporation Name

Medical Care of Fort Lauderdale, Inc.

Handwritten initials

REINSTATEMENT 2003

000024082760
0/24/03--01024--022 **750.00

2. Principal Office Address

3929 North Andrews Ave.

Suite, Apt. #, etc.

3. Mailing Office Address

3929 N. Andrews Ave.

Suite, Apt. #, etc.

City & State

Fort Lauderdale, Florida

City & State

Fort Lauderdale, Florida

Zip

33309

Country

U.S.A

Zip

33309

Country

U.S.A.

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number
65-0806123

☒ Applied For
☐ Not Applied

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Dr. Sal Pellegrino

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

731 Northeast 32nd Street

Suite, Apt. #, Etc.

City

Boca Raton

State

FL

Zip Code

33431

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

Handwritten signature of Dr. Sal Pellegrino

REGISTERED AGENT MUST SIGN

Date **10/23/03**

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DR	Sal Pellegrino	731 NE 32nd Street	Boca Raton, FL 33431

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:

Handwritten signature
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/23/03

(954)396-3908

Date

Daytime Phone #