

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P98000048397

1. Corporation Name

Cambridge Medical Holdings, Inc.

Principal Place of Business

Mailing Address

3501 West Drive  
Deerfield Beach, FL 33442

Same

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 Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 1999

DO NOT WRITE IN THIS SPACE

4. Date Incorporated or Qualified  
To Do Business in Florida

6/1/98

5. FEI Number

65-0702629

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 (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
D	Barry Chapnick	3501 West Drive	Deerfield Beach, FL 33442
D	Christopher Hall	3501 West Drive	Deerfield Beach, FL 33442
D	David Boies III	3501 West Drive	Deerfield Beach, FL 33442
D	Richard Runco	3501 West Drive	Deerfield Beach, FL 33442
D	Michael Straus	3501 West Drive	Deerfield Beach, FL 33442
D	David Brown	3501 West Drive	Deerfield Beach, FL 33442

8. Name and Address of Current Registered Agent

Jay Koenigsberg, Esquire  
1101 Brickell Avenue  
Suite 800 South Tower  
Miami, Florida 33131

9. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number) 500000038375--0  
-11/09/99--01011--021  
Suite, Apt. #, Etc. \*\*\*758.75 \*\*\*758.75  
City State Zip Code  
FL

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]*

REGISTERED AGENT MUST SIGN

Date 10/6/99

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information  
on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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

Barry Chapnick

Date

Daytime Phone #

10/6/99 (954) 4261000

CR2000 (12/95)