	PLEASE READ A	ALL INST	RUCZIONS	BEFORE C	OMPLETI	ING THIS I	FORM.		
REIN	PLATING THE PARTY OF THE PARTY	FLORID	VIS DN OL COMPON	F STATE	9	FILE 9 NOV – 8 ECRETARY ELAHASSE	D AM 9: 27		
DOCL	JMENT# P9800 0	07700)2		TA	LLAHASSE	E. FL ERID A	•	
Corporat									
PARAD	ISE MEDICAL CENTER,	INC.							
Principal Pla	ace of Business	Mailing Address			4 1550550 13	8 18161 (BILL 681) ASIL		\$640 6404 NO S601	
		50-4 PINE ISLAND ROAD NORTH FORT MYERS FL 33903						SING SOME WAY	
	ddresses are incorrect in any way, line thro								
			New Mailing Office Address, If Applicable O PINE ISLAND ROAD SUITE 4			4. Date Incorporated or Qualified To Do Business in Florida 09/04/1998			
Suite, Apt. * NORTH	FORT MYERS, FLORIDA	Suite, Apt. #, etc. NORTH FORT MYERS, FLORIDA			5. FEI Number Applied For				ı
City & State		City & State 33903			22-3613609 Not Applicable				
33903 Zip	Country Zip		Country		6. CERTIFICATE	6. CERTIFICATE OF STATUS DESIRED 65 575 Additional Fee required for a Certificate of Status			
	Names and Street Addresses of Each Officer and/or Director (Flor Name of Officers			tions must list at lea eet Address of Each	 _	,			l
Title(s)	and/or Directors	3 Offi	Officer and/or Director			City / State / Z	868		
PRES.	PRES. EPHRAIM G. AGUILAR, M.D.			SLAND RD. YERS, FL 3		-11/1 ****	6/99010 150.00 *	###150.00	:
SECRE- TARY	MILAGROS D. AGUILAR		1	SLAND ROAD YERS, FL 3					
VICE- PRES	CORI R. D. AGUILAR		415 CHALA	AN SAN ANTO	NIO SUITE	101-268,	TAMUNING	, GUAM 9691	1
TREAS.	ARLENE D. AGUILAR		22859 DEL VALLE #30)3	WOODLAND	HILLS, C.	A 91364	!
VICE- PRES	EFREN D. AGUILAR		22859 DEL VALLE #20)1	WOODLAND	HILLS, C.	A 91364	!
AUDITOR	GENALYN SALAS	22859 DEL	VALLE #20	WOODLAND HILLS, CA 91364				١.	
	8. Name and Address of Current R	egistered Age	nt	Name	9. Name and A	ddress of New R	egistered Agent		_
BAUTIS	STA, EVA			EVA BAUT					(889)
	NE ISLAND ROAD	Street Address (F 50 PINE		O. Box Number ISLAND RC	is Not Acceptable) AD			CRZEDAG	
NORTH	FORT MYERS FL 33903			Suite, Apt. #, Etc. SUITE #			101-4-17		ö
				<u> </u>	RT MYERS			Code 33903	
10. I, being Signature of Registered A	Agent YUNY NOW	W	ration, am familiar wit	th and accept the ob	bligations of Section	on 607.0505, F.S. Date ///	3/99		
this reins owed by	that I am an officer or director or the receivestatement application, the reason for dissolute corporation have been paid and the nepplication is true and accurate, and my signature.	er or trustee en ution has been ames of individ	npowered to execute to eliminated, the corpo- uals listed on this form	rate name satisfies n do not qualify for	the requirements an exemption und	of section 607.04	01 or 617.0401, F.	.S., that diff	
	Ephroun)	1.6	T WHAT THE	G. AGUILA	R 11	/04/99	0/1 /P/ C	(55	
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					. 11	Date	941-656-04 Daytime F		



PARADISE MEDICAL CENTER

50-4 Pine Island Road North Fort Myers, Florida 33903 Phone: (941) 656-0455 Fax: (941) 656-3010

October 29, 1999

FLORIDA DEPT. OF STATE Division of Corporation P.O. Box 6327 Tallahassee, FL 32314

RE: REQUEST TO REINSTATE CORPORATION STATUS
Paradise Medical Center, Inc

Dear Sir or Madam,

Enclosed is \$150.00 for my annual report.

We would like to inform you that we have never received any first or second notice from your office.

We incorporated in September, 1998 but we started operating only in August, 1999. Although our corporation attorney told us that we will pay the corporate tax one year after the incorporation and so it should be September, 1999, we did not know that whether you are operating or not, we should pay between January and May. We were still closed during that time. We never got any mail because the building was still in construction.

We apologize for the delay but it was not intentional.

We are therefore hoping that you will reinstate our corporate status without penalty.

Very truly yours,

plusium G. Cepular EPHRAIM AGUNLAR, MD.