

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katharine Harris
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 APR 24 PM 4:00

DOCUMENT # **PA800008547D**

1. Corporation Name

Physicians Management Network, Inc.

2. Principal Office Address

13351 SW 131 STREET

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 14-0002

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Coral Gables, FL

Zip

33186

Country

Miami-Dade

Zip

33114-0002

Country

Miami-Dade

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

10-99

5. FEI Number

65-0868232

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

Philip Medvin, Esq

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

2801 Ponce de Leon Blvd.

Suite, Apt. #, Etc.

S-370

City

Coral Gables, FL

State

FL

Zip Code

33134

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 *

REGISTERED AGENT MUST SIGN

Date

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
CEO	Victor Behar	551 NW 107 AVE #201	Miami, FL 33172
COO	Luis de Lamar	611 NW 134 AVE	Miami, FL 33182
CIO	Jose Blanco Jr.	1592 SW 142 AVE	Miami, FL 33184

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:

Victor Behar, CEO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-02

Date

305-225-2585

Daytime Phone #

CR2E081 (9/01)