

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 15 AM 9:24

DOCUMENT # P98000086538

1. Corporation Name

MED-CARE, M.D., P.A.

Principal Place of Business

Mailing Address

13105 CRICKET COVE ROAD NORTH
JACKSONVILLE FL 32224

13105 CRICKET COVE ROAD NORTH
JACKSONVILLE FL 32224

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/08/1998

5. FEI Number

59-3536286

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
D	NALLAPILLAI, ANANTHY	13105 CRICKET COVE ROAD NORTH	JACKSONVILLE FL 32224

600003021536--6
-10/22/99--01004--006
****750.00 ****750.00

JR 10/20

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MOTOLAW, INC.
50 NORTH LAURA STREET, STE. 2750
JACKSONVILLE FL 32202

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

W. J. Harris

REGISTERED AGENT MUST SIGN

Date

10/14/99

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:

Ananth Nallapillai (ANANTHY NALLAPILLAI)

10/14/99

Date

(904) 742-6960

Daytime Phone #