PLEASE RI	<u>EAD ALL INSTRUCTION</u>	IS BEFORE C	OMPLETING THIS FORM	1.	
APPLICATION APPLICATION	FLORIDA DEPARTM	ENT OF STATE		•	
1 1 1/5:	Katherine I	Harris			
for	Secretary o	f State	######		
REINSTATEMENT	DIVISION OF CORE	PÓRÁTIONS			
DOOL 14 FAIT // PROADCA GOOD			i I I II	ED	
DOCUMENT # 8980000 92801					
1. Corporation Name			99 DEC 20 AM 10: 05		
R.A. Medical Center. Luc.			SECORYALI	, ,,Q, ,,, _L ,	
			SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Principal Place of Business Mailing Address			1	E. FLORIDA	
Principal Place of Business	Mailing Address				
R.A. MEDICAL CENTER, INC. 2455 W: Flagler Street			700003083 -12/29/39	<u> </u>	
			-12/29/99	01079017	
Miami, FL 33135			*****158.75	****158.75	
If above addresses are incorrect in any way		ter correction below.	•		
2. New Principal Office Address, If Applicable			4. Date Incorporated or Qualified	-110.	
Suite Apt. #, etc. Suite, Apt. #, etc.			To Do Business in Florida	-0/98	
Suite, Apt. #, etc.			5. FEI Number	Applied For	
City & State City & State		65-08-12-3-1 Not Applicable			
-Zip	=Zip: = ==================================	intry	6. CERTIFICATE OF STATUS DESIRED		
			CENTIFICATE OF STATUS DESIRED	====	
7. Names and Street Addresses of Each Off	iicer and/or Director (Florida nonprofit corp	oorations must list at lea	ast 3 directors)		
Name of Off Title(s) and/or Direct		Street Address of Each Officer and/or Director		State / Zip	
1 2	3 (Do NOT	Use Post Office Box N		•	
Decertive	215	" Tlanta	- 	2717	
Director Kaul Kames	la 2400	W. Flagles	r 51 miami, FL	23132.	
1	/	V			
Director Kaul Kamir EXEcutive Di	rector			:	
			* 1		
			E-C/ Ca		
		-41	53 7 9		
	بالبحر				
8. Name and Address of	Current Registered Agent	I	9. Name and Address of New Registere	d Agent	
RAUL RANIREZ - Name		Name			
The state of the s			P.O. Box Number is Not Acceptable)		
2455 W. Flagler Street			(O. BOX Promiser is Not Novoproble)		
Miami, FL 33135 Suite,		Suite, Apt. #, Etc			
		City	City State Zip Code		
_) (()	· } F	L	
10. I, being appointed the registered agent of	of the above named corporation, am familia	r with and accept the o	bligations of Section 607.0505, F.S.		
Signature of	I Milman -				
Registered Agent	REGISTERED AGENT MUST SIGN		Date		
11. This corporation ower	s the current year) Voo		side for information angible tax.)	
Intangible Personal P	Property Tax due June 30). tes	G-140 L	•	
12 Loadily that Lam an officer or director or	the receiver or trustee empowered to exec	ute this application as a	provided for in chapter 607 or 617, F.S. I furth	er certify that when filing	
this reject atoment application, the reason	a for dissolution has been eliminated, the co	ornorate name satisfies	the requirements of section 607.0401 or 617	.0401, F.S., that all lees	
owed by the corporation have been paid on this application is true and accurate, a	and the names of individuals listed on this and my signature shall have the same legal	leffect as if made unde	an exemption under section 119.07(3)(i), F.S. roath.	. THE RIGHTIAGON INCICATED	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
	1/2				
SIGNATURE: x /Cont	1llemy.		10-22-99 (30	5)6442082.	
SIGNATURE AND TYPE	ED OR PRINTED NAME OF SIGNING OFFICER	OR DIRECTOR	Date	Daytime Phone #	
i					