

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

00 JAN 12 AM 10:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000096698

1. Corporation Name

DOCTORS HEALTHCARE GROUP, INC.

Principal Place of Business

4601 N. ARMENIA  
TAMPA FL 33603

Mailing Address

4601 N. ARMENIA  
TAMPA FL 33603

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

11/17/1998

5. FEI Number

59-3505008

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	4 City / State / Zip
<del>D</del>	<del>PROTANI, KENNETH A</del>	<del>5450 CR 581, STE 148</del>	<del>WESLEY CHAPEL FL 33543</del>
D	Karen Reeves	4601 Armenia Ave	Tampa FL 33603
			5000003105015--1 -01/20/00--01108--001 ***375.00 ***375.00
			5000003105015--1 -01/20/00--01108--002 ***375.00 ***375.00

REINSTATEMENT 99 11 TS

8. Name and Address of Current Registered Agent

PROTANI, KENNETH A  
5450 CR 581, STE. 148  
WESLEY CHAPEL FL 33543

9. Name and Address of New Registered Agent

Name

Karen Reeves

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

4601 ARMENIA AVE

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33603

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 REQUIRED  
REGISTERED AGENT MUST SIGN

Date 12/23/99

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:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/23/99 813-871-8447

Daytime Phone #

CR2E040 (8/99)