

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P99000063097

1. Corporation Name

PALMETTO MEDICAL SERVICES, INC.

Principal Place of Business

1385 NW 15TH STREET  
MIAMI FL 33125

Mailing Address

1385 NW 15TH STREET  
MIAMI FL 33125

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

2. New Principal Office Address, If Applicable

12230 SW 132 CT  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

12230 SW 132 CT  
Suite, Apt. #, etc.

City & State

Miami, FL

Zip 33186

Country

City & State

Miami, FL

Zip 33186

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

07/15/1999

5. FEI Number

65-0434393

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
DVT	CARABALLO, ANIEK	1385 NW 15TH STREET	MIAMI FL 33125
PD	GONZALEZ, LEONEL	12230 S.W. 132ND CT.	MIAMI FL 33186

8. Name and Address of Current Registered Agent

METSCH, BENJAMIN R  
1385 NW 15TH STREET  
MIAMI FL 33125

9. Name and Address of New Registered Agent

Name  
Leonel, Gonzalez

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

12230 S.W. 132nd Court

Suite, Apt. #, Etc.

City  
Miami

State  
FL

Zip Code  
33186

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

11/15/00

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

11/15/00

Daytime Phone #

KE