

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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03 MAY -7 AM 5:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **99000089569**

1. Corporation Name
ACUTE CARE SPECIALISTS OF THE PALM BEACHES, INC

2. Principal Office Address

9121 N. MILITARY TRAIL

Suite, Apt. #, etc.

-SUITE 111

City & State

PALM BEACH GARDENS FL

Zip
33410

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 01-03

4. Date Incorporated or Qualified
To Do Business in Florida

10/7/99

5. FEI Number

☒ 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

GLENN G. SCHANEL, CPA

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

14243 US HIGHWAY ONE

Suite, Apt. #, Etc.

City

JUNO BEACH

State

FL

Zip Code

33410

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

[Signature of Glenn G. Schanel]

Date **4/21/03**

REGISTERED AGENT MUST SIGN

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
Pres	BAQIR SYED	9121 N. MILITARY TRAIL #111	Palm Beach Gardens FL 33410

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)