

Attention: Russell Hunt

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

*Business:* 54/600  
10 JAN 11 AM 11:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 299000096948

1. Corporation Name FL. Physician and Healthcare Consultants, Inc.

2. Principal Office Address - No P.O. Box #

10446 Canoe Brook Cir.

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc. same

City & State

Boca Raton, FL

Zip

33498

Country

USA

City & State

Zip

Country

100165649231  
01/11/10--01004--002 \*\*1508.75  
CR2E081 (11/09)

4. Date Incorporated or Qualified  
To Do Business in Florida

11-2-99

5. FEI Number

65-0963400

☐ 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

LARRY GROFF

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

10446 Canoe Brook Cir.

Suite, Apt. #, Etc.

City

Boca Raton

State

FL

Zip Code

33498

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Larry T. Groff

Date 12/30/09

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<u>Pres. Larry T. Groff</u>	<u>10446 Canoe Brook Cir.</u>	<u>Boca Raton, FL 33498</u>

**REINSTATEMENT**

**RH**

10. E-mail Address: LARRY T GROFF (AT) COMCAST.NET

(To be used for future annual report notification)

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. I further certify 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: Larry T. Groff Larry T. Groff

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/30/09 317.2221  
Date Daytime Phone #