## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION** FOR 5 REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

FILED 97 JAN 10 PH 4:00 EN 1% STATE

1. Corporation Name  BELLE GLADE MEDICAL CENTER, INC.						SECTIFIANY O'FLONIDA TALLANASSEE, FLONIDA			
,	lace of Busine	ess	Mailing Addre				II Bālis Bibai Bbail Bālib (iba Bibil I	HÀNG BÌ BHA BHUNG BÌ BHA ĐỊ ĐƯỢC	
	CANAL ST. ADE FL 33430		15A WEST CANAL ST. Belle glade fl 33430						
		incorrect in any way, line th Address, If Applicable					TATEMEN	IT Ap	
Suite, Apt	, 		New Mailing Office Address, If Applicable     Suite, Apt. #, etc.				orated or Qualified ness in Florida	12/31/1991	
						5. FEI Number	65-0331230	Applied For	
City & State	e 		City & State			Not Applicable			
Zip		Country	Zip		Country	CERTIFICATI	E OF STATUS DESIRED S	8.75 Additional Fee required for a Certificate of Status	
7. Names	and Street Ad		d/or Director (Flor	ida nonpro	fit corporations must list at le Street Address of Eac				
Title(s)	Name of Officers and/or Directors			Officer and/or I 3 (Do NOT Use Post Officer		r	City / State / Zip		
P	RUIZ, ROBERTO V.			15 A WEST CANAL ST					
S	OSVAL	DO SEALY		15 A West			Belle Glade F1 DOOO20574338 -01/14/9701141011 ****375.00 ****375.00		
		ne and Address of Curren		nt	Name	9. Name and A	Address of New Registered	() () () d Agent	
		MER,P.A. STE IH FEDERAL H				Street Address (P.O. Box Number is Not Acceptable)			
BOCA RATON, FL 33431 1(561) 368-8800					,	Suite, Apt. #, Etc.			
1 ( ;	201) 30	00-0000		4	City	City State Zip Code			
Signature c Registered	of	te regionereu agunti	HEGISTERED AG	Per ENT (WIUST	nitiar with and accept the of the office of	obligations of Sect	Date	(e/1 t	
11. Do De	oes this ept. of R	corporation pay evenue under S	any intang 5. 199.032,	ible ta Florida	x to the a Statutes.    Yes	□ No □		side for information langible tax.)	
this reir owed b	nstatement ap by the corporat	plication, the reason for dis tion have been paid and the	solution has been e names of individ	eliminated, uals listed (	o execute this application as the corporate name satisfier on this form do not qualify fo e legal effect as if made unde	s the requirements r an exemption un	of section 607.0401 or 617	.0401, F.S., that all fees	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR