

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAR -3 AM 11:08

DOCUMENT # **V59453**

1. Corporation Name

**HEALTH MANAGED CARE NATIONAL, INC.**

Principal Place of Business

6175 NW 153 ST., STE. 301  
MIAMI LAKES FL 33014

Mailing Address

6175 NW 153 ST., STE. 301  
MIAMI LAKES FL 33014



**REINSTATEMENT 99-00**

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

08/21/1992

5. FEI Number

65-0516195

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	JACKSON, W. CHARLES	8831 SW 142 AVE.	MIAMI FL 33186
			200003164412--1
			-03/09/00--01097--031
			****908.75 ****908.75

8. Name and Address of Current Registered Agent

JACKSON, W. CHARLES  
8912 SW 142 AVENUE  
SUITE 411  
MIAMI FL 33186

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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]*  
**SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date **12/27/99**

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]*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date

**12/27/99**

Daytime Phone #

CR2ED40 (8/99)