


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>APPLICATION FOR REINSTATEMENT</b> 		<b>FLORIDA DEPARTMENT OF STATE</b> DIVISION OF CORPORATIONS		APPROVED AND FILED 97 AUG 27 PM 4:18 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
<b>DOCUMENT #</b> 1. Corporation Name <b>THE SAMARITAN CENTER, INC.</b>		726067		<b>REINSTATEMENT</b> 96-97 a. d. d. w. 8/27/97	
Mailing Address <b>2140 Mango Place          Jacksonville, FL          32207</b>		Principal Place of Business <b>2140 Mango Place          Jacksonville, FL          32207</b>		DO NOT WRITE IN THIS SPACE	
2. New Mailing Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		3. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		4. Date Incorporated or Qualified To Do Business in Florida <b>04/09/73</b> 5. FEI Number <b>59-1515557</b> Applied For Not Applicable	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)		CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$0.75 - Additional Fee required for a Certificate of Status			
1	2	3	4		
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip		
	<b>Pres. Charles Cofer</b>	<b>1147 Greenridge Rd.</b>	<b>Jacksonville, FL 32207</b>		
D	<b>Michael Bracken</b>	<b>Florida Health Alliance 1061 Riverside Ave.</b>	<b>Jacksonville, FL 32204</b>		
D	<b>Alan Chipperfield</b>	<b>Office of Public Defender 25 N. Market St. #200</b>	<b>Jacksonville, FL 32202</b>		
D	<b>Charlotte Harvey</b>	<b>5838 Clifton Ave.</b>	<b>Jacksonville, FL 32211</b>		
D	<b>John Riley</b>	<b>4325 Great Oaks Ln.</b>	<b>Jacksonville, FL 32207</b>		
D	<b>Ron Timonere</b>	<b>Avmed Suite 200 1300 Riverplace Blvd.</b>	<b>Jacksonville, FL 32207</b>		
8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent		
<b>JOHN RUTHLAND-WALLIS</b> <b>1140 Mango Place</b> <b>Jacksonville, Florida 32207</b>			Name <b>800002283158--2</b> Street Address (P.O. Box Number is Not Acceptable) <b>08702797-01178-003</b> <b>***358.75 ***358.75</b> Suite, Apt. #, Etc. City State Zip Code <b>FL</b>		
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 <i>John Ruthland Wallis</i> Date <b>8/20/97</b> REGISTERED AGENT MUST SIGN					
11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box <input checked="" type="checkbox"/> (See other side for additional information.)					
12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)					
13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: <i>Louis R. LOTHMAN</i> <b>LOUIS R. LOTHMAN</b> (904) 398-2837 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 8/27/97					