

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

**FILED**

00 NOV -3 PM 4:26

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **F98000002108**

1. Corporation Name

**SUMMERVILLE HEALTHCARE GROUP, INC.**

Principal Place of Business

Mailing Address

~~5285 SHAWNEE RD., STE. 401  
 ALEXANDRIA VA 22312-2328~~

~~5285 SHAWNEE RD., STE. 401  
 ALEXANDRIA VA 22312-2328~~



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

**REINSTATEMENT**

*2000*

2. New Principal Office Address, If Applicable

~~3000 Executive Parkway~~

Suite, Apt. #, etc.

~~Suite 530~~

City & State

~~San Ramon, CA~~

Zip

~~94583~~

Country

~~USA~~

3. New Mailing Office Address, If Applicable

~~3000 Executive Parkway~~

Suite, Apt. #, etc.

~~Suite 530~~

City & State

~~San Ramon, CA~~

Zip

~~94583~~

Country

~~USA~~

4. Date Incorporated or Qualified To Do Business in Florida

04/14/1998

5. FEI Number

54-1789198

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)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<del>DPT</del>	<del>RAGLAND, RUSSELL D</del>	<del>5285 SHAWNEE RD., STE. 401</del>	<del>ALEXANDRIA VA 22312</del>
<del>DCS</del>	<del>HEIMBOLD, ARTHUR</del>	<del>5285 SHAWNEE RD., STE. 401</del>	<del>ALEXANDRIA VA 22312</del>
<del>D</del>	<del>COHEN, ALAN M M.D.</del>	<del>5285 SHAWNEE RD., STE. 401</del>	<del>ALEXANDRIA VA 22312</del>
<del>B</del>	<del>SCRUSHY, RICHARD M</del>	<del>5285 SHAWNEE RD., STE. 401</del>	<del>ALEXANDRIA VA 22312</del>
<del>D</del>	<del>MARTIN, MICHAEL D</del>	<del>5285 SHAWNEE RD., STE. 401</del>	<del>ALEXANDRIA VA 22312</del>
<del>D</del>	<del>GARDNER, HOWARD M M.D.</del>	<del>5285 SHAWNEE RD., STE. 401</del>	<del>ALEXANDRIA VA 22312</del>

8. Name and Address of Current Registered Agent

**HIQ CORPORATE SERVICES, INC.**  
 526 E. PARK AVE.  
 TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

~~700003463457--9~~

~~-11/14/00--01095--009~~

~~\*\*\*750.00~~ ~~\*\*\*750.00~~

State Zip Code

**FL**

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

*By: Roxanne D. Monardo, Corp Secy of HIQ*  
 REGISTERED AGENT MUST SIGN

Date

*11/2/00*

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Handwritten Signature]*

*11/1/00*

Date

Daytime Phone #

CR2E040 (8/00)