

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

1996 NOV FILED PM 3:58

APPROVED

DOCUMENT # P94000062640

1. Corporation Name

INCARE MEDICAL SYSTEM, INC.

Principal Place of Business

Mailing Address

**12035 Griffing Blvd. 12035 Griffing Blvd.
 Biscayne Park, FL 33161 Biscayne Park, FL 33161**

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

2. New Principal Office Address, if Applicable

3. New Mailing Address, if Applicable

4. Date Incorporated or Qualified To Do Business in Florida

8-22-94

5. FEI Number

65-0525257

Applied For
 Not Applied

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	Jose R. Hernandez	12035 Griffing Blvd.	Biscayne Park, FL 33161
B	Jose Y. Hernandez	12035 Griffing Blvd.	Biscayne Park, FL 33161
T	Sarah E. Hernandez	12035 Griffing Blvd.	Biscayne Park, FL 33161

REINSTATEMENT '96
SCC 11-4-96

8. Name and Address of Current Registered Agent

**Jose R. Hernandez
 12035 Griffing Blvd.
 Biscayne Park, FL 33161**

9. Name and Address of New Registered Agent

Name

Street Address (If U. S. Post Number & 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 requirements of Section 607.05(5) F.S.

Signature of Registered Agent

Jose R. Hernandez

Jose R. Hernandez, REGISTERED AGENT

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

(See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and that the fee for this filing is not being collected by the Department of State. I further certify that I am an officer or director or the receiver or trustee, assignee, or liquidator of the corporation and that the information supplied is true and correct. I further certify that when the fees owed by the corporation have been paid. The information indicated on this certificate is true and correct. This certificate shall have the same legal effect as if it were signed by me.

SIGNATURE: Jose R. Hernandez, PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NOV- 4-96 MON 3:30 PM R&R ACCOUNTING & TAX SEV FAX NO. 3055414015

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11/04/96
2:39 PM

FLORIDA DIVISION OF CORPORATIONS

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((H96000015530 4))

TO: DIVISION OF CORPORATIONS
(904) 922-4000

FAX #:

FROM: INCARE MEDICAL SYSTEM, INC.
071324000655

ACCT#:

CONTACT: ROLANDO TRUJILLO
PHONE: (305) 541-0790
(305) 541-4015

FAX #:

NAME: INCARE MEDICAL SYSTEM, INC.
AUDIT NUMBER.....H96000015530

DOC TYPE.....CORPORATION REINSTATEMENT

CERT. OF STATUS..1

PAGES..... 1

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