

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



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

APPROVED AND FILED

1997 NOV 17 PM 4:39

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **P96000041706**

1. Corporation Name

**REGENCE HEALTH CARE, INC.**

Principal Place of Business

8240 BONITA BEACH RD  
 SUITE 2206  
 BONITA SPRINGS FL 34135

Mailing Address

8240 BONITA BEACH RD  
 SUITE 2206  
 BONITA SPRINGS FL 34135



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 Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

05/15/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0668603

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 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
M.D.	PRESIDENT ZANNOS G. GREKOS, M.D.	9240 BONITA BLH RD SUITE 2206	BONITA SPRINGS FLORIDA 34135  500002353325--5 -11/20/97--01091--010 *****750.00 *****750.00
			500002353325--5 -11/20/97--01091--011 *****8.75 *****8.75

**REINSTATEMENT**

8. Name and Address of Current Registered Agent

GREKOS, ZANNOS G  
~~3300 BONITA BEACH ROAD~~  
~~BONITA SPRINGS FL 33923~~

9. Name and Address of New Registered Agent

Name  
**ZANNOS G. GREKOS**  
 Street Address (P.O. Box Number is Not Acceptable)  
**9240 BONITA BLH RD**  
 Suite, Apt. #, Etc.  
**SUITE 2206**  
 City  
**BONITA SPRINGS** State **FL** Zip Code **34135**

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

*Z. Grekos*

REGISTERED AGENT MUST SIGN

Date 11/12/97

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes  No

(See other side for information on Intangible tax.)

12. 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:

*Z. Grekos*

ZANNOS GREKOS M.D.

11/12/97

941-498-9114

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CFR2040 (8/97)