

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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



FILED
 99 DEC -8 AM 9:43
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P96000046502**
 1. Corporation Name
LIFECARE MERGER CORP.

Principal Place of Business	Mailing Address
621 N.W. 53 STREET SUITE 450 BOCA RATON FL 33487	621 N.W. 53 STREET SUITE 450 BOCA RATON FL 33487



REINSTATEMENT *09*

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
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida	05/31/1996
5. FEI Number	65-0056186
Applied For	Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	\$5.75 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	4. City / State / Zip
D	WEISSMAN, RICHARD S	621 N.W. 53 STREET, SUITE 450	BOCA RATON FL 33487
P/T/D	Alfred R. Novas	621 N.W. 53rd Street, #450	Boca Raton FL 33487
P/S/D	Mark Schiller	621 N.W. 53rd Street, #450	Boca Raton, FL 33487
			800003070428--4 -12/15/99--01013--008 *****758.75 *****758.75

8. Name and Address of Current Registered Agent

~~WEISSMAN, RICHARD~~
~~621 N.W. 53 STREET~~
~~SUITE 450~~
~~BOCA RATON, FL 33487~~

9. Name and Address of New Registered Agent

Name: Ira L. Young, Esq
 Street Address (P.O. Box Number is Not Acceptable): 621 N.W. 53rd Street, Suite 450
 Suite, Apt. #, Etc.: Suite 450
 City: Boca Raton, State: FL Zip Code: 33428

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: *Ira L. Young* Date: 12-7-99
 REGISTERED AGENT MUST SIGN

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)(l), 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: *Alfred R. Novas* Date: 12-7-99 Daytime Phone #: 561-337-2205
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: ALFRED R. NOVAS, CEO