

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 OCT 23 PM 3: 02

DOCUMENT # F00000000672

1. Corporation Name
~~Healthcare~~
JJS ~~HEALTHCARE~~ PROPERTIES, INC.
error

Principal Place of Business Mailing Address
610 NEWPORT CENTER DRIVE, SUITE 1150 610 NEWPORT CENTER DRIVE, SUITE 1150
NEWPORT BEACH CA 92660 NEWPORT BEACH CA 92660

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 Zip Country

REINSTATEMENT

01

4. Date Incorporated or Qualified
To Do Business in Florida

02/07/2000

SP

5. FEI Number

33-0853532

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	ANDREWS, R. BRUCE	610 NEWPORT CENTER DRIVE, SUITE	NEWPORT BEACH CA 92660
VDAS	DESMOND, MARK L	610 NEWPORT CENTER DRIVE, SUITE	NEWPORT BEACH CA 92660
VAS	STOKES, T. ANDREW	610 NEWPORT CENTER DRIVE, SUITE	NEWPORT BEACH CA 92660
VS	STARK, GARY E Bradley, Don D	610 NEWPORT CENTER DRIVE, SUITE	NEWPORT BEACH CA 92660
VAS	SHEEHAN, JOHN J JR.	610 NEWPORT CENTER DRIVE, SUITE	NEWPORT BEACH CA 92660
VAS	INSOFT, STEVEN J	610 NEWPORT CENTER DRIVE, SUITE	NEWPORT BEACH CA 92660

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is 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 obligations of Section 607.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Scot Ferraro

Assistant Secretary

Date

10/22/01

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)(b), 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

Date

Daytime Phone #

100004657831--5
-10/29/01--01080--021
*****8.75 *****8.75
10/19/01 (949)718-4413

CR2E040 (8/01)