W03000032485

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 NOV 12 AM 9:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F00000001246

1. Corporation Name Wiregrass Hospice, Inc.

REINSTATEMENT

300024297743
10/31/03--01008--004 **245.00

2. Principal Office Address	3. Mailing Office Address
2740 Old Headland Ave.	P.O. Drawer 2127
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Dothan, AL	City & State: Dothan, AL
Zip: 36303 Country: Houston	Zip: 36302 Country: Houston

4. Date Incorporated or Qualified To Do Business in Florida: December 13, 1999

5. FEI Number: 631038254 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Donna Mezzanotte

Street Address (P.O. Box Number is Not Acceptable): 2925 Martin Luther King Boulevard

700024616337
11/12/03--01075--001 **61.25

Suite, Apt. #, Etc.:

City: Panama City, State: FL Zip Code: 32405

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Donna Mezzanotte Date: 10-29-03
REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
C	John Edge	2740 Headland Old Avenue Hethen, AL 36303	Dothan, AL 36303
V	Dr. Paul Adams	2740 Old Headland Avenue	Dothan, AL 36303
P	Ray Shrout	2740 Old Headland Avenue	Dothan, AL 36303
VP	Berry Sowell	2740 Old Headland Avenue	Dothan, AL 36303
S	Diane Cowley	2740 Old Headland Avenue	Dothan, AL 36303
T	Dennis Farmer	2740 Old Headland Avenue	Dothan, AL 36303

10. 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: Ray L. Shrout-President/CEO — 10/20/03 — 334-792-1100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #