

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
06 NOV 15 PM 1:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F01000006377

1. Corporation Name

Health Systems Management Network, Inc.

2. Principal Office Address

2194 Country Golf Drive

Suite, Apt. #, etc.

City & State

Wellington FL

Zip 33414

Country USA

3. Mailing Office Address

2194 Country Golf Drive

Suite, Apt. #, etc.

City & State

Wellington FL

Zip 33414

Country USA

4. Date Incorporated or Qualified  
To Do Business in Florida

12/13/2001

5. FEI Number

14-1700914

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

Angell Corporate Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)

One N Clematis St., Suite 400

Suite, Apt. #, Etc.

City

West Palm Beach

State  
FL

Zip Code

33401

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

Dana T. Pickard VP

REGISTERED AGENT MUST SIGN

Date Nov. 10, 2006

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
CEO	Tarantini, Theo	2194 Country Golf Drive	Wellington FL 33414
DO	Tarantini, Cathy I	2194 Country Golf Drive	Wellington FL 33414

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 contained in Chapter 119, 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

Theo Tarantini, Chief Executive Officer

Date

Daytime Phone #

**TO:** Florida Department of State  
Division of Corporations

**FROM:** Health Systems Management Network, Inc

**SUBJECT:** Corporation Reinstatement.

**Date:** November 6, 2006

Gentlemen:

Health Systems Management Network had been privileged by your department to be able to conduct Business in Florida. Our first filing was in December of 2001.

The application was prepared by our agent, Edwards and Angell (acct # 075410001517) on December 1<sup>st</sup>, 2001. Unfortunately, Our agent listed our address as **2194 Country Gold Drive, Florida 33414**. This was not the correct address. The correct address is **2194 Country Golf Drive, Wellington, Florida 33414**.

We have never received any notices for renewal and consequently our Corporation is inactive. We respectfully request that your Department allow us to resubmit application without the \$600.00 penalty in view of the mistake on our address.

Respectfully Submitted,

Theo Tarantini

Chief Operating Officer

Health Systems Management Network, Inc