

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

05 NOV 29 PM 12:11

SEAL STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # F02000002024**

**1. Corporation Name**

DRG MANAGEMENT CORPORATION OF INDIANA

**2. Principal Office Address**

306 East Parr Road

Suite, Apt. #, etc.

City & State

Berne, Indiana

Zip

46711

Country

USA

**3. Mailing Office Address**

306 East Parr Road

Suite, Apt. #, etc.

City & State

Berne, Indiana

Zip

46711

Country

USA

**4. Date Incorporated or Qualified  
To Do Business In Florida**

4/8/2002

**5. FEI Number**

35-2094446

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

CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

**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

*[Signature]*

**Jeffrey R. Graves  
Assistant Secretary**

Date

11/7/05

REGISTERED AGENT MUST SIGN

**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
Chair/D	Roger C. Muselman	269 South Jefferson Street	Berne, Indiana 46711
Pres/D	Thomas C. Muselman	269 South Jefferson Street	Berne, Indiana 46711
CEO/D	John S. Robinson	306 East Parr Road	Berne, Indiana 46711
CFO	Michael Klansek	306 East Parr Road	Berne, Indiana 46711
Exec. Off	David McKee	306 East Parr Road	Berne, Indiana 46711

**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:

*[Signature]* Michael Klansek  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/18/05  
Date

260-589-4900  
Daytime Phone #