

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

06 JUN 12 AM 11:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **FO2000004705**

1. Corporation Name

Health Care Corporation of America International

2. Principal Office Address

103 Powell Court

Suite, Apt. #, etc.

Suite 100

City & State

Brentwood, TN

Zip

37027

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 03-06
CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida **9/16/2002**

5. FEI Number

62-1541690

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

NRAI Services, Inc.

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

2731 Executive Park Drive

Suite, Apt. #, Etc.

Suite 4

City

Weston

State

FL

Zip Code

33331

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

Gwendolyn Andrews Asst Sec.
REGISTERED AGENT MUST SIGN

Date **6-5-06**

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
President	Ronald C. Marston	103 Powell Court, Suite 100	Brentwood, TN 37027
Secretary	Karen M. Fleming	103 Powell Court, Suite 100	Brentwood, TN 37027
Director	Ronald C. Marston	103 Powell Court, Suite 100	Brentwood, TN 37027

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06/21/06--01016--003 **600.00

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

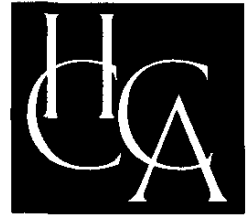
Gwendolyn Andrews
06/05/2006

Date

615.255-7187

Daytime Phone #

6/12/06



June 5, 2006

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Health Care Corporation of America International FEI 62-1541690

Dear Sir:

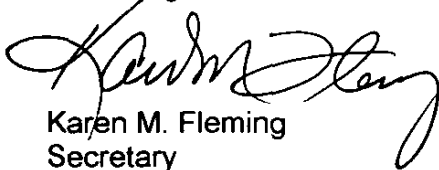
This letter is in support of the reinstatement of Health Care Corporation of America International (TN), dba HCCA International.

HCCA International did not receive the annual report notices for years 2003 through 2006. *Please waive penalty fees.*

Prior to the dissolution, HCCA International had not generated any revenue in the State of Florida. HCCA International intends to do so in 2006 and, consequently requests reinstatement.

Thank you for your attention in this matter.

Warm regards,


Karen M. Fleming
Secretary