Page 1 of 2. PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	RPORATION			S	DEPART Secretary	of S		/ 	09 SEP 29	PM 4: 43				
DOCUMENT # F03000000334 1. Corporation Name									MI STANK Y	SE SECTION S				
ARCHBOLD HEALTH SERVICES, INC.								09 ²	300161 29/09010	136828 34008 **306.25				
<u>.</u>	al Office Addres		P.O. Box #	3. Mailing Of P.O. Box		3			VSTATE!	JENT 08-09				
Suite, Apt. (#, etc.			Suite, Apt. #,	etc.				corporated or Qualifi	ed 05/41/4002				
City & State				City & State					To Do Business in Florida 05/11/1983 5. FEI Number Applied For					
Zip	sville, GA	Country		Thomasvii Zip	IIB, GA	Count	bv	58-137		Not Applicable				
31792	1 '			31799		-		6. CERTIFIC	ATE OF STATUS DES	S8,75 Additional Fee required for a Certificate of Status				
7. Name and Address of Current Registered Agent Name Jana H Grubbs Street Address (P.O. Box Number is Not Acceptable) 555 N. Jefferson St								☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive						
555 N. Sulte, Apt.		St	· · ·					are	the prior notices. By checking this box, you are certifying the prior notices were not					
	· *, Ell.								received and requesting the reinstatement fee be waived.					
City Montice	ello					FL.	Zip Code 32344							
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the ob- Signature of Registered Agent REGISTERED AGENT MUST SIGN									bilgations of section 607.0605 or 617.0603, F.S. Date 9-23-09					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at les)					
Titles	Name of Officers and/or Directors				Street Address of Each Officer and/or Director					City / State / Zip				
TC	Jefferson,	ert Jr		1211 Evergreen St				Thomasville, GA 31792						
TVC	Kirkham,			910 S. Broad St				Thomasvi	Thomasville, GA 31792					
TST	McMillan,	ictor		119 W. Hill St				Thomasvil	lle, GA 31792					
Р	Campbell	, Willia	am C		400 Old Albany Rd				Thomasvil	Thomasville, GA 31792				
D	Bruhn, Dr	. Meli	ssa		918 S. Broad St				Thomasvil	Thomasville, GA 31792				
D Tillman, Stephanie						1919 Flowers Circle				Thomasville, GA 31792				
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 filling 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 ceth.														
SIGNATURE: Mary L. Clark 9-23-09 229-228-2246 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #														

Page 20f2 PLÉASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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REINSTATEMENT						DEPAR Secretary Islon of C	y of S							•
DOCUMENT # F03000000334 1. Corporation Name														
ARCHBOLD HEALTH SERVICES, INC.														
2. Principa	al Office Addre	- No	P.O. Box f		3. Mailing C	office Addre			\dashv					
•	ld Albany				P.O. Box					CR2E081 (12/08)				
Suite, Apt. #	f, etc.		· · · · · · ·		Suite, Apt. #,	etc.		····		1				
										4. Date incorporated or Qualified To Do Business in Florida 05/11/1983				
Thomas	sville, GA				City & State Thomasvi					5. FEI Number 58-1376434				Applied For
Zip		Country			Zip	-	Coun	ntry	- R.	6			9-750-14	Not Applicable
31792					31799				C	ERTIFICATE	OF STATUS DES	SIRED 🗹		stional Fee requires rtificate of Status
		7. Na	me and A	ddress of	Current Regis	itered Ager	nt							
Name Jana H	Grubbs					<u></u>			Ø	☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you				
Street Add 555 N.	tress (P.O. 80) Jefferson	x Numbe St	r is Not Ac	ceptable))				1					
Suite, Apt.	#, Etc.								are certifying the prior notices were not received and requesting the reinstatement					
City Monticello							State FL	Zip Code 32344	1	fee be	waived.		<u> </u>	
8. I, being	appointed the	e register	ed agent o	oda enti fo	ve named corpo	oration, am 1	temilier	with and accept the	obligatio	ons of section	on 607.0505 or	617.0503, F	. S .	
Signeture of Registered Agent Agent REGISTERED AGENT MUST SIGN								br	Date					
9. Names	and Street A	ddresses	of Each C	Officer and	Vor Director (Fix	orida nonpre	ofit corp	orations must list at	ionst 3 d	lirectors)				
Titles		Name o rs and/or	_				Street Address of Ea Officer and/or Direct							
D	McLean, Dr. Ronald					116 R	oseda	ale Ave		Thomasville, GA 31792				
D	Ireland, Miss Kate					13657 Tenacity Lane				Tallahassee, FL 32312				
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229-228-2246