

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham,
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

98 AUG 17 AM 11:27

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # F93000002099

1. Corporation Name

Health Concepts and Services, Inc.

Principal Place of Business

Mailing Address

101 E. State St.
 Kennett Square, PA 19348

101 E. State St.
 Kennett Square, PA 19348

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

5/5/93

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

52-1415174

Applied For
 Not Applicable

City & State

City & State

6.

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City, State, Zip
1	2	3	4
Pres	Richard R. Howard	101 East State Street	Kennett Square, PA 19348
VP	James V. McKeon	101 East State Street	Kennett Square, PA 19348
Sec	Ira C. Gubernick	101 East State Street	Kennett Square, PA 19348
Tr	Kenneth R. Kuhnle	101 East State Street	Kennett Square, PA 19348
Dir	Michael R. Walker	101 East State Street	Kennett Square, PA 19348
Dir	Richard R. Howard	101 East State Street	Kennett Square, PA 19348

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CT Corporation System
 1200 South Pine Island Road
 Plantation, FL 33324

Name

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

Suite, Apt. #, Etc.

City

TS. 97-98 9/17
 State FL Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Mary Alice Rogers
 Mary Alice Rogers, S. Asst. Secy.

Date

8/14/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes No

(See other side for information on intangible tax.)

12. 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:

JM Keon
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/11/98
 Date

TS 8/17
 407-444-6350
 Daytime Phone #

CR2500 1-98