

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 13 AM 8:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F93000002238**

1. Corporation Name

OPTION CARE OF MELBOURNE, INC.

Principal Place of Business

Mailing Address

1600 SARNO ROAD
SUITE 10
MELBOURNE FL 32935

1600 SARNO ROAD
SUITE 10
MELBOURNE FL 32935

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/07/1993

5. FEI Number

58-2021377

Applied For

Not Applicable

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	PATEL, PRADIP	3029 ALTAMA AVENUE	BRUNSWICK GA 31520
S	DAKSHA, PATEL	1835 N HWY A1A, UNIT 303	INDIALANTIC FL 32903
S	JACKSON, ROBERT W JR	792 LAKE GEORGE DRIVE	MELBOURNE FL 32940

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NSA 75

8. Name and Address of Current Registered Agent

JACKSON, ROBERT W JR
792 LAKE GEORGE DRIVE
MELBOURNE FL 32940

9. Name and Address of New Registered Agent

Name William J. DeLuccia
Street Address (P.O. Box Number is Not Acceptable)
416 Melbourne Ave.
Suite, Apt. #, Etc.
City Indianapolis State FL Zip Code 32903

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date

10/08/03

11. 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/8/03 321-242-2996

CR2E040 (7/03)