

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

96 NOV -4 AM 10: 10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DOCUMENT # **F94000000676**

1. Corporation Name

**DAUGHTERS OF CHARITY HEALTH SYSTEM EAST INCORPORATED**

Principal Place of Business

1302 CONCOURSE DR.  
SUITE 300  
LINTHICUM MD 21090

Mailing Address

1302 CONCOURSE DR.  
SUITE 300  
LINTHICUM MD 21090

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

**REINSTATEMENT** *96*

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

02/10/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

53-0205926

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	SMALL, JAMES E	9833 LARCHMEDE RD.	ELLICOTT CITY MD 21043
V	RILEY, MICHAEL J	4733 WIDUP CT.	ELLICOTT CITY MD 21043
D	Perkins, Sr. Marilyn	96 Menands Road	Albany, NY 12204
D	Eby, Sr. Mary Carroll	333 South Seton Avenue	Emmitsburg, MD 21727
D	Small, James E.	1302 Concourse Drive, Suite 300	Linthicum, MD 21090

8. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

100002002121--7

-11/13/96--01020--026

236.25 236.25

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

*Connie Bryan*  
**CONNIE BRYAN**  
SPECIAL ASSISTANT SECRETARY

Date

10/29/96

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. 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:

*James E. Small*  
**JAMES E. SMALL**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR

Date

Daytime Phone

410-850-5777