

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

1997 NOV 12 PM 4:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000001309

1. Corporation Name

INNOVATIVE HOMECARE, INC.

Principal Place of Business

Mailing Address

826 GREIGHTON ROAD
SUITE A102
PENSACOLA FL 32504
US

826 GREIGHTON ROAD
SUITE A102
PENSACOLA FL 32504
US

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

2. New Principal Office Address, If Applicable
HEALTHSOUTH Parkway
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable
PO BOX 380544
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

03/15/1994

5. FEI Number

76-0280551

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)

PLEASE SEE ATTACHED
SHEET

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
POD	FISHER, MARK H	ONE RIVERWAY #2300	HOUSTON TX 77056
EVOD	KALED, THOMAS J	ONE RIVERWAY #2300	HOUSTON TX 77056
9	JOHNSTON, DOUGLAS S	ONE RIVERWAY #2300	HOUSTON TX 77056
TCFO	HORN, DAVID G	ONE RIVERWAY #2300	HOUSTON TX 77056
D	CAMPOS, LUIS T MD	920 FROSTWOOD, #780	HOUSTON TX 77024
D	RIOE, ARTHUR L	ONE RIVERWAY, SUITE 2300	HOUSTON TX 77056

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND
PLANTATION FL 33324

Name

REINSTATEMENT

Street Address (P.O. Box Number, if applicable)

Suite, Apt. #, Etc.

800002347555-5

City

11/14/97

State

01103-016

FL

***750.00

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

X Cindy L. Perrinello
REGISTERED AGENT MUST SIGN

Date X October 10, 1997

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:

X Day the Doug Warrick VP-TAXATION
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

505-878-6210

(2)

Innovative Homecare, INC.
List of Officers and Directors

<u>Name</u>	<u>Title</u>	<u>Street Address</u>
Neal M. Elliott	President/CEO Director	8801 Horizon Blvd. NE Albuquerque, NM 87113
Charles H. Gonzales	Sr. Vice-President Director	8801 Horizon Blvd. NE Albuquerque, NM 87113
Ernest A. Schofield	Sr. Vice-President, CFO Director	8801 Horizon Blvd. NE Albuquerque, NM 87113
Albert W. Sousa	COO, VP MSS	8801 Horizon Blvd. NE Albuquerque, NM 87113
Scot Sauder	Vice-President, Secretary	8801 Horizon Blvd. NE Albuquerque, NM 87113
Doug Warrick	Vice-President-Taxation	8801 Horizon Blvd. NE Albuquerque, NM 87113
Sean Dailey	Vice-President-Finance	8801 Horizon Blvd. NE Albuquerque, NM 87113

The above Officer & Director terms expire October 30, 1998