

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR *an*
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F94000002679**

1. Corporation Name

GREEN SPRING HEALTH SERVICES, INC.

Principal Place of Business

~~3565 STERRETT PLACE, SUITE 500~~
~~COLUMBIA MD 21044~~

Mailing Address

~~3565 STERRETT PLACE, SUITE 500~~
~~COLUMBIA MD 21044~~

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

2. New Principal Office Address, If Applicable

6950 Columbia Gateway Drive

Suite, Apt. #, etc.

Suite 400

City & State

Columbia, MD

Zip **21046**

Country **USA**

3. New Mailing Office Address, If Applicable

6950 Columbia Gateway Drive

Suite, Apt. #, etc.

Suite 400

City & State

Columbia, MD

Zip **21046**

Country **USA**

4. Date Incorporated or Qualified
To Do Business in Florida

05/23/1994

5. FEI Number

51-0347297

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT *99*

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	4 City / State / Zip
PRES * D	HENRY HARBIN	5565 STERRETT PLACE 6950 Columbia Gateway Dr, Ste 400	COLUMBIA MD 21046
SEC	JOYCE FITCH	5565 STERRETT PLACE 6950 Columbia Gateway Dr, Ste 400	COLUMBIA MD 21046
D	WOLFF, SHERMAN	233 N. MICHIGAN AVENUE, 15TH FLO	CHICAGO IL 60601
D	SACCO, DON	1501 MARKET STREET	TICOMA WA 98402
T	ARNDT, KEN	5565 STERRETT PLACE, STE 500 6950 Columbia Gateway Dr, Ste 400	COLUMBIA MD 21044 21046
VP	KANACH, CHUCK	5565 STERRETT PLACE, STE 500 6950 Columbia Gateway Dr, Ste 400	COLUMBIA MD 21044 21046

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
200003032912--0
Suite, Apt. #, Etc.
-11/02/93--01087--019
*******758.75 *****758.75**
City
State **FL** Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with the requirements of section 807.0505, F.S.

Signature of
Registered Agent

Deborah D. Skipper
Deborah D. Skipper

REGISTERED AGENT MUST SIGN

Date **10/21/99**

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 807 or 817, 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 807.0401 or 817.0401, 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:

Joyce N. Fitch
Joyce N. Fitch

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joyce N. Fitch, Secretary **10/19/99 (410) 953-1000**

Date

Daytime Phone #

1000

CR20040 (2/99)