

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 OCT 19 AM 11:05

DOCUMENT # F96000000501

1. Corporation Name

SCI HEALTHCARE GROUP, INCORPORATED

Principal Place of Business

8 RIVER HILLS LN  
TOLEDO OH 43623  
US

Mailing Address

8 RIVER HILL LN  
TOLEDO OH 43623  
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

01/30/1996

5. FEI Number

34-1789908

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PSD	NASH, MICHAEL D	8 RIVER HILLS LN	TOLEDO OH
VD	PETERSON, ERVIN G	5344 LAKEWOOD DR.	BRIGTON MI
VD	ROHRER, THOMAS S	8510 EGRET LAKES LANE	WEST PALM BEACH FL
VD	CUDNOHUFsky, DAVID R	18917 AVE. BIARRITZ	LUTZ FL

300003026823--6  
-10/27/99--01085--013  
\*\*\*758.75 \*\*\*758.75

10/10/25

8. Name and Address of Current Registered Agent

ROHRER, THOMAS S  
8510 EGRET LAKES LANE  
WEST PALM BEACH FL 33412

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 10/14/99

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 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

10/14/99 (419) 8854469  
Date Daytime Phone #

CR3540 (8/99)