

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

98 DEC 28 PM 2:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F96000002691

1. Corporation Name

ADVANCED CLINICAL TECHNOLOGY, INC.

Principal Place of Business

Mailing Address

10400 ACADEMY RD. N.E.
SUITE 360
ALBUQUERQUE NM 87111

10400 ACADEMY RD. N.E.
SUITE 360
ALBUQUERQUE NM 87111

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

4. Date Incorporated or Qualified
To Do Business in Florida

05/29/1996

Suite, Apt. #, Etc.
Integrated Health Services, Inc.
10065 Red Run Blvd.

Suite, Apt. #, Etc.
Integrated Health Services, Inc.
10065 Red Run Blvd.

5. FEI Number

86-0431021

Applied For

Not Applicable

City & State Owings Mills, MD 21117

City & State Owings Mills, MD 21117

Zip

Country

Zip

Country

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)	2 Name of Officers and/or Directors	3 (Do NOT Use Post Office Box Numbers) Street Address of Each Officer and/or Director	4 City / State / Zip
P	ELLIOTT, NEAL M CHRISTIAN WINKLE	6001 INDIAN SCHOOL RD. N.E. Integrated Health Services, Inc. 10065 Red Run Blvd. Owings Mills, MD 21117	ALBUQUERQUE NM
ASV	GORDON, JACQUELINE MARIS FULLCHINO	6001 INDIAN SCHOOL RD NE	ALBUQUERQUE NM
VASB SD	GONZALES, CHARLES H MARC B LEVIN	6001 INDIAN SCHOOL RD., N.E.	ALBUQUERQUE NM
VB T	SCHOFIELD, ERNEST A ROBERT STEPHENSON	6001 INDIAN SCHOOL RD., N.E.	ALBUQUERQUE NM
D	DAILEY, SEAN MARSHALL ELBW	6001 INDIAN SCHOOL RD NE	ALBUQUERQUE NM
VS	SAUDER, SCOT	6001 INDIAN SCHOOL RD., N.E.	ALBUQUERQUE NM

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

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

Suite, Apt. #, Etc.

City

900002725539-8

-12/29/98-01087-021

***750 State 499.00

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

CHARLES F. SHAMPANG, REGISTERED AGENT MUST SIGN

Date

12/23/98

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:

Mark L Fulchino, Vice President

12/10/98

Date

(410) 998-8578

Daytime Phone #