

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -8 PM 3:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F96000004983

1. Corporation Name

FOUNDATION HEALTH FACILITIES, INC.

Principal Place of Business

3400 DATA DRIVE
RANCHO CORDOVA CA 95070
US

Mailing Address

3400 DATA DRIVE
RANCHO CORDOVA CA 95070
US

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

2. New Principal Office Address, If Applicable
21650 Oxnard Street

Suite, Apt. #, etc.

City & State
Woodland Hills, CA

Zip Country
91367 US

3. New Mailing Office Address, If Applicable
21650 Oxnard Street

Suite, Apt. #, etc.

City & State
Woodland Hills, CA

Zip Country
91367 US

4. Date Incorporated or Qualified
To Do Business in Florida

09/27/1996

5. FEI Number

68-0390438

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
DPT D	WHITE, MICHAEL P	3400 DATA DR 21650 Oxnard St.	RANCHO CORDOVA CA 95070 Woodland Hills, CA 91367
DS	RADFORD, MICHAEL	3400 DATA DRIVE	RANCHO CORDOVA CA 95070
DS	Michael Jansen	21650 Oxnard St.	Woodland Hills, CA 91367
PT	Linda Salzman	21650 Oxnard St.	Woodland Hills, CA 91367

500008890015
11/08/02--01073--009 **750.00

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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

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. or 617.0505, F.S.

Signature of
Registered Agent

DAVID I. FARBER
ASSISTANT SECRETARY
REGISTERED AGENT MUST SIGN

Date

11/7/02

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 REQUIRED
Michael Jansen, Secretary 11-6-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

818-676-5325

Daytime Phone #

CR2E040 (8/02)