

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # F97000004320

1. Corporation Name

NUMED HOME HEALTH CARE, INC.

Principal Place of Business

5770 ROOSEVELT BLVD., STE 700
CLEARWATER FL 33760

Mailing Address

5770 ROOSEVELT BLVD., STE 700
CLEARWATER FL 33760

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business In Florida

08/15/1997

5. FEI Number

34-1711764

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$6.75 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
P CEO	CARMICHAEL, SUSAN J	5770 ROOSEVELT BLVD., STE 700	CLEARWATER FL 33760
CEO	TANEJA, JUGAL K	5770 ROOSEVELT BLVD., STE 700	CLEARWATER FL 33760

100003070451--3
-12/15/99--01014--010
****758.75 ****758.75

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.

Signature of
Registered Agent

Conie Byn

REGISTERED AGENT MUST SIGN

Date 12/3/99

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:

Susan Carmichael
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 11/17/99 Daytime Phone #

727 524 3227

KE

CR22640 (8/99)