

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

**CORPORATION  
REINSTATEMENT**



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

01 JUN -7 PM 4:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** F98000001799

**1. Corporation Name**

HEALTH SYSTEMS AMERICA, INC.

**2. Principal Office Address**

555 S.W. 148 Avenue

Suite, Apt. #, etc.

Suite 121

City & State

Sunrise, FL

Zip

33325

Country

USA

**3. Mailing Office Address**

555 S.W. 148 Avenue

Suite, Apt. #, etc.

Suite 121

City & State

Sunrise, FL

Zip

33325

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

March 30, 1998.

**5. FEI Number**

58-2380743

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☒

\$8.75 Additional Fee required  
for a Certificate of Status

700004416877--4

-06/13/01--01012--025

\*\*\*\*908.75 \*\*\*\*908.75

**7. Name and Address of Current Registered Agent**

Name

Corporation Service Company

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

1201 Hayes Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

*as it is agent*  
**BRIAN COURTNEY, ASST. V.P.**

Date

6/7/01

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles

Name of  
Officers and/or Directors

Street Address of Each  
Officer and/or Director

City / State / Zip

PD

Piercey, Michael C.

555 SW 148 Avenue #121

Sunrise, FL 33325

STD

Llano, Manuel R.

555 SW 148 Avenue #121

Sunrise, FL 33325

**REINSTATEMENT 20-01**

**10. 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:**

*Manuel R. Llano*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/6/01  
Date

(954) 915-0474  
Daytime Phone #



ACCOUNT NO. : 072100000032

REFERENCE : 177243 5155604

AUTHORIZATION :

COST LIMIT : \$ PPD

ORDER DATE : June 7, 2001

ORDER TIME : 11:29 AM

ORDER NO. : 177243-005

CUSTOMER NO: 5155604

CUSTOMER: Ms. Alrene Hernandez  
Health Systems America  
555 Southwest 148th Avenue

Sunrise, FL 33325

ANNUAL REPORT FILING

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2001 JUN -7 PM 12:06  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

NAME: HEALTH SYSTEMS AMERICA, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janna Wilson-EXT#1155

EXAMINER'S INITIALS:

*MW*