

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


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02 NOV 12 AM 9:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900008413219
11/22/02--01041--028 ***150.00

900008413219--1
-10/16/02--01108--005
***750.00 ***750.00

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F98000003535			
1. Corporation Name Integrated Health Services at Hollywood Hills, Inc. of Florida			
2. Principal Office Address 910 Ridgebrook Rd Suite, Apt. #, etc.		3. Mailing Office Address 910 Ridgebrook Rd Suite, Apt. #, etc.	
City & State Sparks, MD Zip 21152 Country USA		City & State Sparks, MD Zip 21152 Country USA	

4. Date Incorporated or Qualified To Do Business in Florida 8/4/94	
5. FEI Number 52-1889322	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name National Corporate Research, LTD	
Street Address (P.O. Box Number is Not Acceptable) 1406 Hays Street Suite #2 103 N. Meridian St.	
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

Date 10/14/02

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
P.D	John Heller	910 Ridgebrook Rd	Sparks, MD 21152
VP	Melissa Warlow		
T	Matthew Box		
S	Ronald Lord		
D	W. Bradley Bennett		

REINSTATEMENT 01-02

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10-15-02

Daytime Phone # 410-773-1000

CR2E081 (9/01)