

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 01 MAY 21 PM 4:36

CORPORATION  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONSSECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F98000006588

## 1. Corporation Name

NH-ARHC, INC.

## 2. Principal Office Address

Wound Healing Ctr.

Suite, Apt. #, etc.

813 Marshall Rd.

City &amp; State

Jacksonville, AR

Zip

72076

Country

USA

## 3. Mailing Office Address

NATIONAL HEALING CORP.  
51900 Corporate Blvd. NW #105W  
Boca Raton, FL 33431

City &amp; State

Zip

33431

Country

USA

REINSTATEMENT 00-01

4. Date Incorporated or Qualified  
To Do Business in Florida

12/03/1998

## 5. FEI Number

621763556

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒\$8.75 Additional Fee required  
for a Certificate of Status

## 7. Name and Address of Current Registered Agent

Name

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301-2823

## 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

Date

REGISTERED AGENT MUST SIGN Carol K. Dolor, Asst. VP

## 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporation's must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
	CEO & Board Secretary JAMES E PATRICK 1900 CORPORATE BLVD., #105W BOCA RATON, FL 33431		400004432704--3 -06/20/01--01089--014 *****8.75 *****8.75
	CFO James M. Tyler 1900 Corporate blvd. NW #105W Boca Raton, FL 33431		

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:

Jim Patrick, CEO 5/17/01 (561)994-1174

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #